

**Prison Rape Elimination Act (PREA) Audit Report
Juvenile Facilities**

☐ Interim ☒ Final

Date of Report: February 14, 2022

Auditor Information

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Company Name: Effective System Innovations

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Telephone: 212-677-5093

Date of Facility Visit: July 13 and 14, 2021

Agency Information

Name of Agency: Travis County Juvenile Probation Department

Governing Authority or Parent Agency: Travis County

Physical Address: 2515 South Congress Avenue

City, State, Zip: Austin, TX 78704

Mailing Address: SAME AS ABOVE

City, State, Zip: SAME

Telephone: 512-854-7000

Is Agency accredited by any organization? ☒ Yes
☐ No

The Agency Is:

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☒ County

☐ State

☐ Federal

Agency mission: Travis County Juvenile Probation Department's mission is "Providing for public safety by effectively addressing the needs of juveniles, families, and the victims of crime."

Agency Website with PREA Information: <https://www.traviscountytexas.gov/juvenile-court>

Agency Chief Executive Officer

Name: Cory Burgess

Title: Chief Juvenile Probation Officer

Email: cory.burgess@traviscountytexas.gov

Telephone: 512-854-3056

Agency-Wide PREA Coordinator

Name: Kris Johnson

Title: Casework Manager – Accreditation and Compliance Unit

Email: Kris.johnson@traviscountytexas.gov

Telephone: 512-854-1851

PREA Coordinator Reports to:
Director of Compliance

Number of Compliance Managers who report to the PREA Coordinator 3

Facility Information

Name of Facility:		Gardner-Betts Juvenile Justice Center	
Physical Address:		2515 South Congress Ave, Austin, TX 78704	
Mailing Address (if different than above):		SAME AS ABOVE	
Telephone Number:		512-854-7000	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake
<input type="checkbox"/> Other - Residential			
Facility Mission: The Gardner-Betts Juvenile Justice Facility's mission is "To provide competency development, accountability, welfare and community protection."			
Facility Website with PREA Information: https://www.traviscountytexas.gov/juvenile-court			
Is this facility accredited by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Facility Administrator/Superintendent			
Name: Martin DeLeon		Title: Division Director of Detention Services	
Email: Martin.deleon@traviscountytexas.gov		Telephone: 512-854-7055	
Facility PREA Compliance Manager			
Name: Stephen Owen		Title: Accreditation and Compliance Officer	
Email: Stephen.Owen@traviscountytexas.gov		Telephone: 512-854-5683	
Facility Health Service Administrator			
Name: Mona Croley		Title: Division Director of Health Services	
Email: Mona.Croley@traviscountytexas.gov		Telephone: 512-854-5683	
Facility Characteristics			
Designated Facility Capacity: 120		Current Population of Facility: 20	
Number of residents admitted to facility during the past 12 months		429	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		186	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		242	
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	10 – 18 years old		
Average length of stay or time under supervision:		18 days	
Facility Security Level:		Maximum Secure	

Resident Custody Levels:		Maximum
Number of staff currently employed by the facility who may have contact with residents:		75
Number of staff hired by the facility during the past 12 months who may have contact with residents:		14
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		20
Physical Plant		
Number of Buildings: 4	Number of Single Cell Housing Units: 14 units (104 single cell beds, 8 double occupancy rooms)	
Number of Multiple Occupancy Cell Housing Units:		8
Number of Open Bay/Dorm Housing Units:		14
Number of Segregation Cells (Administrative and Disciplinary:		10
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): There are over 250 cameras located throughout the four buildings including the intake area, all residential living units, the courtyard, the gymnasium, the administration building, the two cafeterias, the school classrooms, and the breezeway areas connecting the various buildings. These cameras cover all potential blind spots. All cameras are controlled by a control center which is staffed 24 hours a day, seven days a week. Video is automatically recorded and is stored for up to six months.		
Medical		
Type of Medical Facility:		20 onsite nurses (16 full-time and 4 part-time employees)
Forensic sexual assault medical exams are conducted at:		Dell Children's Hospital
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		20
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		Four Travis County employees are typically assigned to conduct PREA investigations at Gardner-Betts, although over a dozen other employees are trained and certified to conduct formal investigations throughout the agency

Audit Narrative

The Travis County Juvenile Probation Department contracted with an independent auditor, Sharon Pette of Effective System Innovations (ESI) in July 2020 to conduct the government mandated PREA audits. The purpose of these audits was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. This is the third PREA audit the Gardner-Betts Juvenile Center has undergone (the previous audits were conducted in 2016 and 2017). This audit report details information obtained from the second PREA audit, the onsite portion of which was conducted on July 13th and 14th, 2021.

Six weeks in advance of the onsite audit, several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided youth and staff with the auditor's contact information. More specifically, a total of 35 notification fliers were posted throughout the program – e.g., intake area, residential living units, classrooms, visitation area, administration building, etc. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. During the onsite facility tour the auditor confirmed these signs were posted.

Approximately two months before the onsite review the PREA auditor held a conference call with the Director of Accreditation and Compliance, the Agency PREA Coordinator, the Facility Compliance Manager, the Gardner-Betts Juvenile Justice Center Facility Superintendent, and other key personnel to discuss expectations, explain the audit process, answer any questions they had, and to begin to coordinate the audit.

Several weeks prior to the onsite review, the Facility Compliance Manager (Mr. Stephen Owen) submitted supporting documents for each of the standards. A comprehensive evaluation of agency/facility policies, facility procedures, agency and facility mission statements, schematic (layout of facility), daily population reports (1st, 10th and 20th day of the month for past 12 months), and other relevant materials was conducted prior to the onsite visit. As required, following the onsite audit the auditor uploaded these documents, interview notes, staff file reviews, and other important auditing information to the PRC paper Online Audit System (OAS).

The onsite portion of the audit spanned two full days (July 13th and 14th, 2021). The auditor conducted approximately 10 hours of interviews remotely *prior* to the onsite visit with agency and facility leaders and was onsite at the facility for over 20 hours. It is important to note that due to the national COVID-19 health pandemic and to reduce risk of exposure (resulting from long periods of time onsite), DOJ has permitted auditors to conduct remote interviews with agency leaders and higher-level facility managers. Therefore, as mentioned, some interviews were conducted in early July 2021 prior to the onsite visit.

During the onsite review, the auditor conducted an extensive facility tour which included visual inspection of all buildings of Gardner-Betts Juvenile Justice Center. The tour included the administration building, intake area, all residential living units, gymnasium, cafeterias, courtyard/recreation area, and school classrooms. During the tour the auditor gathered relevant information about programming, supervision, the intake process, and daily operations through conversations with the Director of Detention Services, the Case Work Manager/Grievance Officer, and PREA Compliance Manager. More information about the facility and programming relevant to PREA standards is provided in the body of this report.

While onsite, the auditor conducted interviews with Shift Supervisors, direct care staff (non-management), youth, contracted teachers, and volunteers. The requisite interviews were conducted consistent with DOJ expectations in content and approach, as well as the method for selecting staff to be interviewed (i.e., Facility Director, Facility PREA Compliance Manager, specialized staff, direct care staff, and youth, etc.). The auditor used a list of staff who have contact with resident (titles and shifts) as well as a list of current residents and youth discharged in past 13 months to randomly select individuals to be interviewed. As previously mentioned, the auditor conducted a number of interviews with agency and facility leaders the week prior to the onsite visit. Interviews with Juvenile Detention Officers, youth, volunteers, and contracted teachers were conducted while onsite in July over the two-day period. A total of 46 interviews were conducted (remote and onsite interviews). More specifically, the audit included interviews with:

- Travis County Interim Chief Juvenile Probation Officer
- Director of Detention Services and Interim Security Director (who is also a certified PREA Investigator)
- Director of Accreditation and Compliance (who is also a certified PREA Investigator)
- Agency PREA Coordinator (Compliance Case Work Manager and also a certified PREA Investigator)
- PREA Compliance Manager (who is also a certified PREA Investigator)
- Four (4) PREA Investigators
- Case Work Manager
- Intake Case Worker
- Social Services Program Coordinator (Clinician/LCSW)
- Medical Director/Head Nurse
- Three (3) Registered Nurses (full-time and part-time)
- Senior Director of Administrative Services (Human Resources)
- Three (3) Juvenile Shift Supervisors
- Two (2) Juvenile Detention Officer Leads
- Eleven (11) Juvenile Detention Officers (across all three shifts)
- Two (2) teachers (contractors)
- Two (2) volunteers
- Eight (8) youth (all youth in facility on day two of the onsite audit)
- Safe Alliance Director of Sexual Assault Victim Advocacy program

In addition, the audit process included reviewing 25 youth files: All youth currently in the program (N=8) and a random sample of youth discharged from Gardner-Betts facility in the past 13 months (May 1, 2020 through May 2021; N=17). Since there were no allegations of sexual abuse or sexual harassment in the past 12 months, the auditor requested a sample investigation file and supplemental documents from 2019. The program provided this information to the auditor.

As part of the file review process the auditor also reviewed a random sample of PREA training records for current staff (N=21). The review also included reviewing PREA training records for the 28 contracted teachers. There were no volunteers currently serving Gardner-Betts youth, although a sample of volunteer training records verified the facility has a process in place to ensure volunteers and contractors receive and understand the PREA standards.

Approximately 30% of current staff personnel records (n=21) were also reviewed to determine whether requisite criminal background checks, abuse registry checks, and affirmative duty to disclose forms were completed consistent with PREA standards. Staff records were selected using a random sampling method - i.e., selecting every fourth name from a list of current employees listed alphabetically. The program contracts with the school district to provide academic education to Gardner-Betts youth. The auditor was not able to review contractor records, as the school district runs these background checks and there is currently no system in place for the facility to receive this information. Besides the teachers, the facility does not enlist services from any other contractors. Due to the pandemic, there were no volunteers working at the Gardner-Betts facility program at the time of the onsite review. Regardless, the auditor conducted interviews with two volunteers who had served at the facility in early 2020.

The audit review process included a debriefing meeting that occurred approximately one week following the onsite visit. The one-hour debriefing meeting was held remotely to summarize preliminary audit findings. Participants included agency and facility leaders – i.e., the Travis County Juvenile Probation Department Interim Chief Juvenile Probation Officer, Director of Accreditation and Compliance, the Agency PREA Coordinator, Director of Detention Services, the Facility PREA Compliance Manager, and other key facility and agency leaders. The conversation included, but was not limited to, sharing preliminary findings (i.e., corrective actions needed); describing expectations for 30 days; discussing next steps; and reminding leadership of the federal requirement that the final PREA audit report must be made publicly available. It is important to note that the Gardner-Betts program was over 90 % compliant with federal PREA standard provisions. The specific breakdown is provided in the “Summary of Audit Findings” section of this report.

For the purposes of clarity, the auditor reminds the audience the “agency” referred to throughout this audit findings report is Travis County Juvenile Probation Department. This clarification aims to ensure consistency in the interpretation and application of the PREA standards.

Facility Characteristics

The Travis County Gardner-Betts Juvenile Justice Center (GBJJC) is located in Austin, TX and is operated by the Travis County Probation Department. The Gardner-Betts Juvenile Justice Facility’s mission is “*To provide competency development, accountability, welfare and community protection.*” The primary focus of the facility is to provide housing and supervision to juveniles awaiting an Adjudication or Disposition Hearing when their referral or situation prohibits their release to the community.

The facility provides secure, short-term housing and care to pre-adjudicated youth, whose average length of stay is approximately 18 days. Juveniles are referred to the Gardner-Betts facility by law enforcement officers for criminal allegations of Misdemeanor B or worse. After a determination is made to detain the juvenile, youth are processed in intake and taken to Detention Services. A Detention Hearing is held on the next business day at 1pm to determine if the juvenile should continue in detention or be released to a parent or guardian in the community.

The Gardner-Betts facility houses males and females between the ages of 10 and 18 years old. The program’s capacity is 120, although at the time of the onsite visit the program had only eight youth (all male, none of whom identified as LGBTQI). The facility reported on the Pre-Audit Questionnaire (PAQ)

and other official documents, the average length of stay for youth is 18 days. There were 429 youth admitted in the past 12 months (June 1, 2020 – June 1, 2021). Of this total there were 186 youth whose length of stay was longer than 10 days and 242 of the total youth admitted in the timeframe were housed in the facility for 72 hours or more.

The Travis County Gardner-Betts Juvenile Justice Center campus is comprised of four buildings. There is one main building that houses Intake Services, eight (8) juvenile units, and the main day area. There is a second building that houses six (6) juvenile units, school classrooms, visitation areas, and administrative offices. A third building holds the gym and two cafeterias. There are eight (8) residential living units in the main building with four (4) on the ground floor and four (4) on the second floor. In addition, there are six (6) units “outside” with three (3) on the ground level and three (3) on the second floor directly above them.

The 120-bed facility has a total of 14 residential housing units – 104 single-cell room and eight double occupancy rooms. All residential living units are equipped with a least one shower and restroom area. Ten of the housing units are structured with secured single occupancy cells with wet rooms. Two of the units are designated as solely female although, because the facility is under capacity, the facility can shift the population of living units as the need arises. The Travis County Probation Department Policy 5-DS-23 “Housing Classification” (pages 3) describes the composition of the facility units: “*Unit A: A secure unit utilized as a disciplinary unit for female juveniles. Unit A may also house female juveniles who are in the general population. Female juveniles who should be assigned to Unit A are characterized by the following: a. Assaultive behavior b. Possible predatory behavior c. Charged with a serious offense d. Large in stature e. More mature f. Escape risk and/or returned to detention from escape g. Continually disruptive h. Administratively Segregated or in Room Confinement.*” Units B (females), Unit C (males), Unit G, and Unit H are designated for general population youth. The facility also has several units that can be used as disciplinary units for segregation or room confinement, but the facility does not have a specific unit used for segregation. The facility does not typically use isolation or segregation, although the physical structure of the facility allows for this in exigent circumstances. The facility is staffed with a 24/7 health clinic and a Registered Nurse (RN) is always available onsite.

As of May 24, 2021, the Gardner-Betts facility had 75 staff (fulltime and parttime) including the Director of Detention Services (who runs the facility), a Clinician, a Case Work Manager, several Registered Nurses, Juvenile Shift Supervisors, and over 60 Juvenile Detention Officers (full-time and part-time direct care staff). The facility has an onsite school and contracts with the local school district for education services. At the time of the site review, the facility had several contracted teachers providing these services to facility youth. Due to Covid, the program currently has no volunteers working at the program.

Summary of Audit Findings

Review of program documents, remote interviews conducted prior to the onsite visit, and the onsite audit provided evidence that the Travis County Gardner-Betts Juvenile Justice Center has a solid infrastructure that supports the PREA standards. Numerous policies and documents exist that support the agency’s dedication to zero-tolerance and effective crisis response. This includes several agency policies, forms, trainings, and protocols that detail how to respond to incidents of sexual abuse, the agency grievance process, and other important PREA related information.

The Travis County Juvenile Probation Department includes a high-level manager, the Compliance Case Work Manager, Mr. Kris Johnson, who is responsible for ensuring agency compliance with all state and federal regulations for the two Travis County Juvenile Departments that are required to be PREA-compliant. The Department also has a designated Facility PREA Compliance Manager, Mr. Steve Owen, who is responsible for monitoring compliance with PREA standards and assisting the Gardner-Betts facility in addressing any identified deficiencies. Mr. Johnson and Mr. Owen also serve as certified investigators and have received specialized training on conducting PREA investigations in juvenile facilities.

The success of any initiative depends on a variety of factors and requires support from executive level managers. Interviews with several agency leaders from the Travis County Probation Department provided evidence that the agency is committed to keeping youth safe and free from sexual abuse and harassment. More specifically, interviews with the Interim Chief Juvenile Probation Officer (Mr. Darryl Harrison) and the Director of Accreditation and Compliance (Ms. Virginia Martinez) provided sufficient evidence that the agency devotes the resources necessary to ensure the facility remains aligned with federal DOJ regulations and that staff and youth are safe. During an interview with the Interim Chief Juvenile Probation Officer, he explained that resources were devoted to install additional cameras in the facility to address blind spots. There are currently over 250 cameras placed strategically throughout the facility. The Interim Chief Juvenile Probation Officer also described the seamless and collaborative communication between the Agency PREA Coordinator, the Compliance Officers, and the General Counsel and emphasized that he is always kept informed of allegations and progress regarding maintaining compliance with PREA standards. The Director of Accreditation and Compliance also provided examples (i.e., placing staff on paid administrative leave immediately in the event of an allegation of sexual abuse) of how the agency demonstrates their commitment to preventing, detecting, and responding to sexual harassment and sexual abuse.

To further support the agency's and facility's commitment to safety, the Travis County infrastructure includes an incident review system that requires agency leadership to review all critical incidents to determine contributing factors and develop plans to mitigate future risk. This level of review ensures agency leaders are connected to program operations; issues are addressed immediately and appropriately; and feedback and guidance is provided to programs to prevent future incidents.

Information gathered from program staff and youth provides evidence leaders and team members at the Travis County Gardner-Betts Juvenile Justice Center are committed to youth safety. The Director of Detention Services (Mr. Martin DeLeon) has been in his current position approximately nine months and is also serving as the Interim Security Director for the Intermediate Sanctions Center (ISC). Mr. Bradley Etheridge is the Case Work Manager and has been in his position for five years. Mr. Etheridge plays an active role in many PREA activities including incident data collection; conducting supervision/staff positioning training; conducting searches/pat down training; and responding to all youth grievances. During the onsite interviews, staff report they feel respected and supported by Mr. DeLeon and Mr. Etheridge.

During the onsite audit, youth interviews confirmed that all youth understand their right to be free from abuse and harassment; understood how to make a report if they were being abused; and stated they felt safe at the Gardner-Betts facility. Youth confirmed that they are always with staff and are not alone with

other residents. Youth reported they could never get away with being in a bedroom, a bathroom, or the laundry room together.

Observations during the onsite audit allow the auditor to conclude that federal PREA requirements are thoroughly embedded in the program's daily operations. Over the past four years, since Gardner-Betts facility's last PREA audit in 2017, the facility has remained fully committed to mitigating the risk of sexual abuse and sexual harassment.

Interviews also supported that direct care staff are professional and dedicated to ensuring youth are safe while at the facility. In addition, all staff clearly understood their first responder duties and knew what they needed to do in the event a youth alleged sexual abuse.

Information gathered from interviews, document reviews, case file reviews, and the facility tour revealed the Gardner-Betts Juvenile Justice Center is in compliance on the overwhelming majority of PREA standards (over 90% compliant). The specific breakdown is provided below for reference.

Exceeds	Meets	Did Not Meet (Prior to Corrective Action Period)	Following the Corrective Action Period
313 334 352	311; 312; 315; 316; 317 (a), (c), (f), (g), (h); 318; 321; 322; 331; 332; 333; 335; 341; 342 (b), (c), (d), (e), (f), (g), (h), and (i); 351; 353; 354; 361; 362; 363; 364; 365; 366; 367; 368; 371; 372; 373; 376; 377; 378; 381 (c) and (d); 382 (a), (b), and (d); 383 (a), (b), (c), (g), and (h); 386 (a), (c), (d), and (e); 387; 388; 389; 393; 401; 402; 403; 404	317 (b), (d), (e) 342 (a) 381 (a) and (b) 382 (c) 383 (d), (e), and (f) 386 (b)	All standards originally cited as “did not meet” standard are now in compliance (“meets standard”) at the time this report was issued

As previously mentioned, approximately one week following the onsite visit the auditor held a debriefing meeting with leaders from Travis County Juvenile Probation Department and the Gardner-Betts facility to review audit findings. A formal interim report was issued within 30 days of the onsite visit. The report detailed specific action to be taken to achieve 100% compliance with DOJ PREA standards.

It is important to note that the intention of this report is to provide the reader with a summary of audit findings and highlight some examples of evidence supporting these findings. The narrative in this report is not an “all inclusive” list of the evidence needed to sufficiently meet PREA standards. However, for each standard that was successfully met, interviews, observations, and review of additional documents during the onsite visit verified that practices employed by the Travis County Gardner-Betts Juvenile Justice Center Program are consistent with agency policies and federal PREA expectations.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.311 (b)

- Has the agency employed or designated an agency wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- AS-901 Reporting Child Abuse and Neglect and Exploitation
- AS-902 "Preventing and Detecting Sexual Abuse and Harassment"
- AS-905 Services for Victims of Sexual Abuse
- AS-209 Code of Ethics Staff-Juvenile Relationships

- Policy 4-DS-11 “First Responder Duties”
- Policy 10-DS-2 Facility Discipline Plan
- Travis County Juvenile Probation Department Detention Services Juvenile Handbook
- Pamphlet for youth “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department and provided at intake)
- Spanish version of A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department and provided at intake)
- Agency’s “Abuse Education for the Orientation Process” (at intake)
- Agency’s “Prevention, Intervention, and Minimizing Your Risk for Abuse” (at intake)
- “Acknowledgment of Receipt of Orientation Information and Materials” (at intake)
- Travis County Juvenile Probation Department: Gardner-Betts Intake Packet
- Organizational and Facility Charts showing Agency PREA Coordinator and Facility PREA Compliance Manager
- Interview with Interim Chief Juvenile Probation Officer
- Interview with Agency PREA Coordinator
- Interview with Facility PREA Compliance Manager
- Interview with Director of Detention Services
- Facility Audit Tour

Provision (a)

Travis County Juvenile Probation Department has several agency policies that set forth clear expectations regarding zero tolerance for all forms of sexual abuse and sexual harassment. The agency’s Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” provides specific definitions for sexual abuse by contact; sexual abuse by non-contact; and sexual harassment. The Gardner-Betts facility also has Policy 4-DS-11 “First Responder Duties” which also includes detailed definitions of sexual abuse, sexual harassment, and voyeurism consistent with DOJ definitions set forth in the PREA standards.

The agency and facility policies uphold a zero-tolerance policy for all forms of sexual abuse and sexual harassment. More specifically, evidence of a zero-tolerance culture includes Policy AS-209 Code of Ethics Staff-Juvenile Relationships’ (page 1) which states, *“juvenile justice professionals must not....be designated as a perpetrator in an abuse, exploitation, and neglect investigation conducted by TJJD under Chapter 350 of this title and Texas Family Code Chapter 261.....interfere with or hinder any abuse, exploitation, and neglect investigation, including a criminal investigation conducted by law enforcement or an investigation conducted under Chapter 350 and Chapter 358 of this title or Texas Family Code Chapter 261”* This same policy also states, *“A violation of the Code of Ethics is basis for disciplinary action up to and including termination....A violation may include, but is not limited to suspension, revocation or denial of a Juvenile Probation Officer’s or Juvenile Supervision Officer’s certification by TJJD.”*

Additional evidence supporting PREA provisions can be found in Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation.” This policy requires *“Signs reflecting the Department’s zero tolerance*

policy concerning the abuse of juveniles shall be prominently displayed in public areas as determined by the Chief or designee. Signs will include methods for juveniles to have unimpeded access to report allegations directly to TJJD. 2. In programs licensed by DSHS, the Department shall post a legible copy of the following documents in a prominent public location that is readily available to clients, visitors, and staff: a. the Client Bill of Rights; the TDSHS's current poster on reporting complaints and violations; and c. The client grievance procedure. 3. These documents shall be displayed in English and in Spanish."

Furthermore, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (page 4) directs: *"To prevent sexual abuse or sexual harassment and provide a safe and secure environment, each staff member at the Department will provide the highest level of protection."* In addition, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" (Page 8) emphasizes disciplinary actions for staff who engage in sexual abuse and/or harassment. Specifically, the policy states, *"If a staff member engages in sexual abuse or sexual harassment, he / she will be subject to disciplinary action, up to and including termination."*

Interviews with the executive leaders, facility leaders, direct care staff, the Agency PREA Coordinator, and the PCM provided sufficient evidence that all staff understand the zero-tolerance policy; mandatory reporting responsibilities; and avenues for reporting abuse. In addition, during the facility tour the auditor observed zero-tolerance posters which included contact information for reporting abuse. Additionally, the Travis County Interim Chief Juvenile Probation Officer and other agency leaders articulated that keeping youth safe while in the care of the Gardner-Betts Facility is a top agency priority. The auditor concludes there is a zero tolerance "tone" which permeates the facility.

Provision (b)

The Travis County Juvenile Probation Department has a designated Agency PREA Coordinator, Mr. Kris Johnson. Mr. Johnson is responsible for ensuring two facilities (the Gardner-Betts and Intermediate Sanctions Center) are PREA compliant. An interview with Mr. Johnson verified he has a clear understanding of his role as it relates to PREA and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards.

In further support of this provision, the agency has formal policy language establishing the Agency PREA Coordinator position. Specifically, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" states: *"The Chief Juvenile Probation Officer designates a staff to serve as the Department-wide PREA Coordinator.... These staff member's duties must be structured to allow sufficient time and authority to develop, implement, and oversee Department efforts to comply with PREA standards in each facility."* In addition, the Gardner-Betts facility organizational chart includes the job title "Agency PREA Coordinator."

Provision (c)

The Gardner-Betts Juvenile Justice Center has a designated PREA Compliance Manager, Mr. Stephen Owen. Mr. Owen is an Accreditation and Compliance Officer and a specialized investigator. Although Mr. Owen has a range of job responsibilities, Mr. Owen reported he has sufficient time to perform the PREA-related job responsibilities. In addition, the fact that the facility did not meet federal PREA

expectations on only a handful of standard provisions is further evidence that he has enough time and authority to ensure the Gardner-Betts facility is PREA-compliant.

In further support of this provision, the agency has formal policy language establishing the Facility PREA Compliance Manager. Specifically, agency policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” states, *“Each facility has a designated PREA Manager....These staff member’s duties must be structured to allow sufficient time and authority to develop, implement, and oversee Department efforts to comply with PREA standards in each facility....Their responsibilities include, but are not limited to: 1. ensuring Department policies and procedures are compliant with PREA standards; 2. ensuring that the Department offers the appropriate PREA material in training; 3. ongoing reviews of Department practices; 4. conducting periodic walk-throughs of the facilities; and 5. coordinating the Department’s annual effort to assess the facilities’ staffing plans as outlined in D.”*

All evidence reviewed (i.e., policies, documents, staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

Standard 115.312: Contracting with other entities for the confinement of residents

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312 (a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination

- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Review of a sample of four Travis County contracts with residential providers

- Interview with Administrative Services Senior Director (Human Resources)
- Interview Agency PREA Coordinator
- Interview with the PREA Compliance Manager

The agency has a formal policy, AS-902 “Preventing and Detecting Sexual Abuse and harassment” (page 7) which outlines requirement for contract to house Travis County youth. Specifically, this policy requires: *“The Department will ensure all juveniles under Department supervision who are housed in contracted placements are safe. 1. New or renewed contract requirements will specify that placements shall be fully compliant with PREA standards. 115.312(a)-1 2. The contracted placements will be reviewed on a regular basis for general health, safety and compliance with standards promulgated by oversight agencies, to include PREA standards. 115.312(a)-2 3. In the event a contracted agency is not demonstrating appropriate compliance, the Department will take the necessary steps to address concerns that arise.”*

Travis County Juvenile Probation Department currently has executed contracts with 16 residential providers to house and treat juvenile justice youth. The auditor reviewed 25% of the contracts to verify compliance with requirements outlined in this standard. A detailed review of contracts verified Travis County requires all contracted providers to comply with federal DOJ PREA standards. More specifically, the executed contracts state, *“Contractor shall comply with all federal, state, county, and city laws, rules, ordinances, regulations and standards applicable to the provision of services described herein and the performance of all obligations undertaken pursuant to this Contract, including the Prison Rape Elimination Act of 2003 (PREA), which establishes a zero-tolerance standard against sexual assault of incarcerated persons, including juveniles, and addresses the detection, elimination, prevention, and reporting of sexual assault in facilities housing adult and juvenile offenders. Under PREA, Contractor must make available to the County Placement Officer all incident-based and aggregated data reports for every allegation of sexual abuse at its facility or facilities, and all such data may be requested by the Department of Justice from the previous calendar year no later than June 30.”*

An interview with the Facility PREA Compliance Manager, the Agency PREA Coordinator, and the Administrative Services Senior Director (Human Resources) verified there is a process in place to monitor existing contracts. The Travis County Accreditation and Compliance Officers are responsible for conducting random visits to these programs. In addition, the contracted programs are required to submit their PREA audit reports. The auditor applauds the Travis County Probation Department for setting clear expectations of zero-tolerance through policy and formal contract language and for monitoring contracted programs to ensure they are PREA compliant.

Standard 115.313: Supervision and monitoring

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?
☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? ☒ Yes ☐ No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) ☒ Yes ☐ No ☐ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

15.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment"
- Policy 5-DS-5 "Juvenile Supervision and Movement"
- Gardner-Betts Juvenile Justice Center Facility Staffing Plan Review (12/18/2020)
- Gardner-Betts Staffing Plan Review Attendee Roster
- Random sample of completed Travis County Juvenile Probation Management Walk-Through forms (unannounced rounds)
- Facility schematic/layout
- Facility staffing schedules
- Unannounced rounds Excel tracking sheet

- Interview with Director of Detention Services
- Interview with PREA Compliance Manager
- Interview with Agency PREA Coordinator
- Interviews with intermediate and high-level staff who conduct unannounced rounds
- Interviews with Juvenile Detention Officers (direct care staff)
- Observations during facility tour

Provision (a)

The Gardner-Betts facility has over 250 cameras strategically placed throughout the resident units; the school; the cafeteria; the gymnasium; intake and visitation areas; the inside courtyard; the breezeways; and outside of the building structures. The facility tour revealed only one blind spot in the breezeway of which the Gardner-Betts Director was aware. The extensive camera surveillance system provides additional supervision of youth to supplement staff supervision. All cameras are monitored 24 hours a day, seven days a week from a central control area. Video is automatically recorded and is stored for up to six months.

Agency Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” (Page 3) requires its facilities to operate with adequate staffing levels. The policy states: *“The Department will ensure that each facility has an adequate level of staffing to protect residents against sexual abuse and sexual harassment. Factors considered in the review include, but are not limited to: 115.313(a)-1 1. Standards promulgated by oversight agencies including PREA, TJJD, ACA, or DSHS or any other state or local law, regulation or standard that applies to the Department, to include staff gender and ratio requirements; 2. Generally accepted juvenile detention and correctional / secure residential practices; 3. Judicial or Federal investigative agencies findings of inadequacy, if any; 4. Any findings of noncompliance from oversight agencies to include, but not limited to TJJD, ACA, and DSHS; 5. The number and placement of JSOs to enhance supervision; 6. Programs or activities occurring on a particular shift; 7. The prevalence of substantiated and unsubstantiated incidents of sexual abuse and sexual harassment; 8. Any other relevant factors, such as the composition of the resident population, facility culture, gang presence, and specific programming for target population needs...”* During the onsite facility tour, the auditor noted a minimum of two staff with five youth during the daytime. Interviews confirmed the facility exceeds the minimum staff-to-youth ratios required by PREA standards.

The auditor reviewed the “Gardner-Betts Juvenile Justice Center Facility Staffing Plan Review (12/18/2020).” A review of the plan provided substantial evidence that the annual review is comprehensive and addresses all items in provision (a) of this PREA standard. More specifically, the staffing plan review document (page 2) describes the physical plant layout (i.e., housing areas concentrated in two buildings, classrooms located on end floor, etc.) and the location of the 250+ cameras within the facility. The annual staffing plan review report states, *“While the physical plant configuration is centrally located, there are several blind spots throughout the housing units, the outside recreation areas, the classroom space and the courtroom holding areas. The Department has completed the installation of the video surveillance system (VSS) which is now fully operational. All housing units, common areas, stairwells, hallways, and multi-purpose areas have video surveillance with playback capability. The strategic placement of cameras augment staff supervision, mitigates blind spots, and enhance the Department’s ability to review incidents.”* The annual staffing plan review document also describes the composition of the juvenile

population to include ages of youth, mental health needs, gangs, physical issues, etc. and the impact this has on staff training and facility operations.

In further support of this standard, agency Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” (Page 3 - 4) details how physical plant reviews should be conducted and how information should be used to prevent incidents of sexual abuse. More specifically the policy describes, *“The physical plant review includes: a. Blind spots on the housing units or the areas around the facilities; b. Access to areas that are not in use after hours; Abuse and Neglect Prevention and Response Preventing and Detecting Sexual Abuse and Harassment AS-902 c. The deployment of a video monitoring system to augment and enhance supervision. d. The Department will review any addition, remodeling or repurposing of the physical plant to ensure the modification will enhance the protection of residents. 10. Resources will be made available to accommodate the adjustments of the staffing plan as indicated in the review.”*

Staff interviews provided evidence that staff understood the importance of staff positioning and “eyes on, ears on” supervision. The auditor concludes that the high staff-to-youth supervision ratio, the extensive camera system, the existing staffing plan, the 2020 annual staffing plan review, and agency/facility policies supports compliance with provisions in this standard.

Provision (b)

As is the case in 24/7 operated facilities, all Juvenile Detention Officer positions are mandatory posts – staff are not permitted to leave their post until another staff member relieves them of their duty. Onsite observations verified the facility exceeded DOJ expectations regarding staff-to-youth ratios. Again, the auditor noted on several occasions when youth were moving throughout the facility there were two staff members for five youth. Interviews with direct care staff, facility managers, and youth confirmed that the facility never violates its staffing ratios or mandatory post requirements.

Provision (c)

Travis County Juvenile Probation Department has formal policies dictating staff-to-youth ratios. More specially, facility Policy 5-DS-5 “Juvenile Supervision and Movement” states: *“The facility wide ratio will be maintained at the following minimums: a. During program hours, one JDO for every 8 juveniles, and b. During non-program hours, one JDO for every 18 juveniles. Video and audio monitoring devices will not substitute for supervision or observation by JDOs.”* The Gardner-Betts facility has a formal staffing pattern that includes at least three Juvenile Detention Officers; one Team Lead; and one Shift Supervisor for each residential unit seven days a week. Despite the low number of youth currently in the facility, the facility has continued to fully staff the facility. Onsite observations verified the facility exceeded DOJ expectations with regard to staff-to-youth ratio (i.e., the auditor noted on several occasion when youth were moving throughout the facility there were two staff for five youth). Currently, the facility exceeds PREA staffing ratios which require a minimum staff-to-youth ratio of 1:8 during waking hours and 1:16 during sleeping hours.

Youth and staff interviews and auditor observations while on site, verified Gardner-Betts Facility is exceeding federal expectations for youth-to-staff ratios. Youth reported they are never left alone with other

youth and are not able to “get away with” being in another resident’s room because the level of staff supervision is too strict. The facility’s commitment to ensure staff ratios are maintained and youth are safe is further exemplified by securing additional staff when needed (i.e., youth with significant mental health issues, suicidal ideation, etc.). As previously mentioned, onsite observations verified the facility exceed DOJ staff-to-youth ratios expectations.

The Gardner-Betts Juvenile Justice Center Facility Staffing Plan Review (12/18/2020) clearly states, *“Staffing ratios for program hours: TJJD standards 343.434 require the facility have enough JDOs on campus to maintain a “facility-wide staffing ratio” to be no less than one (1) JDO to every eight (8) residents (1:8) during program hours. State standards (TJJD) TAC 343.436, require officers to maintain a constant physical presence while providing supervision and maintain a “supervision ratio” of one (1) juvenile supervision officer for every 12 residents. However, the Department employs a supervision ratio of one (1) JDO for every eight (8) residents during waking hours to meet PREA Standards. Staffing ratios for non-program hours: TJJD standards 343.434 require the facility have enough JDOs on campus to maintain a “facility-wide staffing ratio” to be no less than one (1) JDO to every 18 residents during non-program hours. State standards (TJJD) TAC 343.436, require officers to maintain a constant physical presence while providing supervision and maintain a “supervision ratio” of one (1) juvenile supervision officer for every 24 residents during non-program hours. However, the Department employs a supervision ratio of one (1) JDO for every 16 residents during sleeping hours to meet PREA Standards.”* Staff and youth interviews verified the program always exceeds the staff-to-youth ratios, including surpassing the 1:16 nighttime ratio as required by federal PREA standards.

Provision (d)

The program uses a formal documented structure to review the staffing plan on an annual basis. The annual facility staffing plan review includes a detailed discussion of each of the 11 areas outlined in PREA standard 115.313 (a). The auditor reviewed the most recent annual staffing plan review (Gardner-Betts Juvenile Justice Center Facility Staffing Plan Review - 12/18/2020) to verify compliance with this standard provision. The annual staffing plan review document captured discussion on each of the required areas including current state, progress to address deficiencies, and actions taken. For example, the annual staffing plan review explains, *“Since the last staffing plan review in December 2020, there has not been any new allegation of sexual abuse or sexual harassment in the detention facility. The Department continues the annual reiteration of the Department’s zero tolerance policy through mandatory training. The management team will also continue to review policy, procedure and practice to determine if additional safeguards are needed to address sexual safety. All incidents that could potentially be linked to sexualized misconduct by juveniles or staff are carefully and promptly investigated by appropriately trained personnel.”*

In addition, a copy of the annual staffing plan review meeting roster was submitted to the auditor as further evidence for compliance. The auditor noted signatures of 19 mid-to-high level managers including but not limited to, the Travis County Agency PREA Coordinator, the Gardner-Betts PCM, Chief Juvenile Probation Officer, Interim Chief Juvenile Probation Officer, HR Division Director, Division Director of Detention Services, Accreditation and Compliance Officers, Case Work Manager, and Division Director of Court Services.

Provision (e)

The agency has a formal policy to ensure unannounced rounds are conducted. Agency Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” (Page 4-5) states: *“Shift Supervisors will go through the facilities throughout their shifts to ensure the staff are positioned appropriately and are providing the appropriate levels of supervision....The management team will make unannounced rounds in order to detect and deter sexual abuse and sexual harassment. (a) Rounds will be made routinely during all three shifts. (b) On-duty staff will not alert other staff of the rounds unless it is related to legitimate operational functions of the facility such as compliance monitoring visits or tours of non-Department officials. (c) Issues will be noted and immediately addressed. (d) The rounds and any corrections will be documented accordingly.”* This same policy (page 2) also states, *“Resources will be made available to accommodate the adjustments of the staffing plan as indicated in the review.”*

The Annual Staffing Plan Review document (12/18/2020) also describes unannounced rounds and provides the number of rounds conducted per shift. The document states, *“A shift supervisor is on duty 24 hours a day in Detention Services. Shift supervisors are expected to go through the facilities several times a shift to ensure that the staff is providing appropriate supervision. The facility has also hired Lead JDOs to assist the supervisors in monitoring the placement, number and adequacy of staff supervision. The Division Director and the Division Manager also conduct unannounced rounds to enhance the safety and security of the facility and ensure the sexual safety of the juveniles. There will be a minimum of two (2) unannounced rounds in each facility every month and all three shifts will be covered during the year. The division management is on call after regular business hours and during holidays and weekends for emergencies.”* This staffing plan review report also states, *“The CFR 115.313(e) requires each secure facility to implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds (management walk-through) to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. The Department Policy AS-902 requires the Division Director, Division Managers, Casework Managers, and Shift Supervisors to make unannounced rounds routinely on all three shifts. The PREA Resource Center suggest that unannounced rounds occur, at a minimum of once per month to comply with the standard.”*

The program uses the Travis County Juvenile Probation Management Walk-Through form to document its unannounced rounds. The form requires the manager to indicate which units were visited (typically managers visit all units within the facility); whether staff were properly supervising youth; whether staff were appropriately positioned to allow adequate supervision; and to indicate other observations/comments about the walkthrough. The auditor selected a random sample of these completed forms (May 2020 – May 2021) and determined that these rounds are conducted by intermediate and high-level managers. Additionally, these rounds are conducted across all shifts and on weekends and weekdays. The pattern for conducting these rounds appears to be random. Review of the completed rounds forms indicated there are approximately three to five rounds documented per month, although all staff reported that facility managers walk through the units unannounced multiple times throughout their shift. Staff also reported that these visits are unexpected, and they are not alerted to when these rounds will occur. An unannounced rounds tracking sheet was submitted to the auditor for review. Between October 1, 2019 and September 30, 2020 there were a total of 70 unannounced rounds conducted and documented. Forty of

these occurred during Shift A (6 AM – 2 PM); 14 occurred during the 2 PM – 10 PM shift; and 16 of these rounds were conducted during the 10 PM and 6 AM shift.

The fact that the facility far exceeds the staff-to-youth ratios; conducts unannounced rounds several times throughout all shifts; that additional unannounced rounds are conducted by the PCM, Director of Detention Services, and the Case Work Manager (in addition to the daily rounds); and the agency/facility has formal policies and an accompanying form to guide and document these rounds, allows the auditor to conclude the facility “exceeds” this PREA standard.

Standard 115.315: Limits to cross-gender viewing and searches

115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

115.315 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes ☐ No ☐ NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment"
- Memo from Steve Owen, Accreditation and Compliance Officer (dated 6/01/2021)
- Policy 5-DS-5 "Juvenile Supervision and Movement"
- Policy 5-DS-8 "Searches"
- Policy AS-1203 "LGBTQI Juveniles"
- Travis County Juvenile Probation Department Detention Housing Screening tool
- Cross-gender searches training produced by the Moss Group and that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0).
- Interviews with random direct care staff across all shifts
- Interviews with random sample of youth
- Observations during facility tour

Provisions (a) (b) and (c)

The Gardner-Betts facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances. However, Juvenile Detention Officers (JDOs) are formally trained on how to conduct cross-gender pat searches in the event a transgender or intersex youth prefers to be searched by the opposite gender. The county uses the training video produced by the Moss Group and that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0). Staff and youth interviews verified cross-gender searches are prohibited except in exigent circumstances (or as preferred by transgender and intersex youth).

The facility has a formal policy addressing several provisions in this standard. Policy 5-DS-8 “Searches” states:

- *“Juveniles will only be subjected to the following types of searches. 1. Frisk Search or Pat down Search a. A frisk search is conducted as necessary for facility security and safety. b. Juveniles will be frisk searched upon admission to the facility and when moving from one area of the facility to another. c. Female JDOs will frisk search female juveniles and male JDOs will frisk search male juveniles”* (page 3).
- *“A juvenile who identifies themselves in the opposite gender may be frisk searched by staff of the same gender when in the best interest of the youth and as necessary for facility safety and security”* (page 3).
- *“The specific factual basis a strip Search will be documented, in writing, on an Authorization for a Strip Search Form (Attached). The Detention Division Manager, Director of Detention Services, Deputy Chief Juvenile Probation Officer (Deputy Chief) or the Chief Juvenile Probation Officer (Chief) must review and approve the strip search prior to it being performed...Strip searches will be conducted by a staff member of the same gender as the juvenile. Another staff member, also of the same gender of the juvenile, will be present as a witness to the search...A strip search will be performed in an area that insures the privacy and dignity of the individual”* (page 4).

Provision (d)

Youth residing in the Gardner-Betts facility have privacy when using the bathroom and when changing their clothes. The facility is designed with a private bathroom/shower on each residential living unit that allows youth to shower individually with the door closed. As previously mentioned, some of the living units are equipped with wet rooms. When a youth is using the toilet located in their room, staff place a sign over the door window to allow for privacy. Staff are required to knock and verbally communicate with youth before removing the privacy shield/sign. Observations during the facility tour and youth interviews confirmed that youth have privacy when showering, toileting, and changing clothes.

Youth are required to change clothes in the bathroom or in their individual rooms with the door closed. They are not permitted to come out of their rooms unless they are fully clothed. Before entering a youth’s room, all staff are trained to first knock and ask to enter. If a youth replies that he needs a few minutes, then the staff will not enter the room (unless a clinician feels youth is in danger of harming himself). In addition, prior to entering the residential living unit staff are required to announce themselves. All youth

verified staff follow this procedure of knocking and asking before entering the individual youth's room as well as when they are about to enter the living unit.

To support the practices ensuring youth privacy, the facility has established clear expectations in formal policy. Facility Policy 5-DS-5 "Juvenile Supervision and Movement" directs, *"JDOs shall be prohibited from supervising and visually observing juveniles of the opposite gender during certain times except when the viewing is incidental to routine room checks or during exigent circumstances. Same gender staff shall be the sole supervisor of juveniles during these instances: a. Showers or performing bodily functions; b. Physical searches; c. Pat down searches; d. Changing clothing or disrobing of juveniles; e. Supervision of hospitalized juveniles; or f. Other instances that might require a JDO of the same sex...3. To ensure the privacy of the residents, staff of the opposite gender will announce their presence when entering the housing units."* In addition, the agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (page 5) states, *"To ensure the privacy of the residents, staff of the opposite gender will announce their presence when entering the housing units."*

Provision (e)

Agency and facility policies support provision (e) that places restrictions on searching transgender and intersex youth. Specifically, facility Policy 5-DS-8 "Searches" (page 3) states, *"Staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status."* Similarly, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" directs, *"Staff will ensure that transgender or intersex juveniles are not subjected to strip searches solely to determine genital status or invasive medical procedures to identify an individual's sex. Information about a juvenile's genital status will be determined through conversations with the juvenile, review of available medical records or through a broader medical examination conducted privately by a medical practitioner."* Staff interviews verified this policy is closely adhered to.

Provision (f)

A formal memo from Steve Owen, Accreditation and Compliance Officer (dated 6/01/2021) reported that there has been no cross-gender searches conducted by staff in the past 12 months. As previously mentioned, Travis County requires all Juvenile Detention Officers be formally trained on how to conduct cross-gender pat searches in the event a transgender or intersex youth prefers to be searched by the opposite gender. The county uses the training video produced by the Moss Group and that is available on the PREA Resource Center website (https://www.youtube.com/watch?v=bV9a0R_f_z0). Staff and youth interviews verified cross-gender searches are prohibited except in exigent circumstances (or as preferred by transgender and intersex youth). Staff interviews also verified they have been formally trained on how to conduct cross-gender searches and that these searches are only conducted in exigent circumstances (or as preferred by transgender or intersex youth).

Information regarding a transgender or intersex youth's preference for being searched is gathered at intake and documented on the Travis County Juvenile Probation Department Detention Housing Screening tool. The form has questions specifically for transgendered and intersex residents only. The intake screener is required to ask all youth their sexual orientation and to ask transgender and intersex youth what his/her preferred pronoun (he/him or she/her) and by whom s/he prefers to be searched. The facility practice

consistent with this standard includes communicating the transgender and intersex youth's preference to Shift Supervisors and the facility's control center. This information is documented on the youth population sheet (note says "preferred to be searched by female") and Shift Supervisors are responsible for ensuring daily compliance with this expectation. At the time of the onsite review there were no transgendered or intersex youth in the facility. Staff reported that they are aware that facility must comply with a transgender and intersex youth's preference for searches.

All evidence reviewed (i.e., policies, documents, youth and staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

115.316 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy 4-DS-11 “First Responder Duties”
- Policy 5-DS-23 “Housing Classification”
- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Policy AS-903 “First Responder Duties”
- Interview with Interim Chief Juvenile Probation Officer
- Interview with PREA Compliance Manager
- Interview with intake staff
- Interviews with random direct care staff across all shifts

Provision (a) and (b)

The agency takes appropriate steps to ensure that residents with disabilities (i.e., residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) or are limited English proficient have an equal opportunity to participate in the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Interviews with the Interim Chief Juvenile Probation Officer, PCM, and facility managers verified interpreter services are available telephonically. In addition, interviews with intake staff and other direct care staff verified that if the facility housed youth with a disability or who are limited English proficient, these youth would be provided with translation services.

The facility’s current practice is to read PREA education materials to youth at intake and to check for understanding. In support of these provisions, the facility Policy 5-DS-23 “Housing Classification” (page 7) states, *“Juveniles with disabilities will be housed in a manner that provides for their safety and security. Juveniles with disabilities will have access to all appropriate programs, activities and will be integrated with the general population.”* To supplement the PREA education provided at intake, youth are required to participate in a PREA group within ten days of arrival (these groups are provided every Saturday). Interviews revealed that in the event a youth was limited English proficient or had a disability, certified translators would be provided to interpret this education information individually to youth. The facility currently has PREA education materials (i.e., abuse hotline posters, youth handbook, etc.) in English and Spanish. (i.e., zero tolerance, mandated reporting, how to file a grievance, etc.) onsite.

In addition, agency Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” (Page 5) describes that youth will receive information on how to avoid high-risk situations and how to report incidents of sexual abuse and sexual harassment. More specifically the policy directs, *“Appropriate steps will be taken to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Steps taken include, but are not limited to: a. Ensuring the information uses terminology appropriate to the residents’ age, sophistication, and intelligence; b. Ensuring the information is accessible to residents with physical or intellectual disabilities; c. Providing formats in English and Spanish; d. Providing interpreters as needed; and e. Ensuring the staff read the information out loud if the resident has limited reading skills or a literacy issue exists.”* Youth and staff interviews verified these practices are in place.

Provision (c)

Interviews with program managers, direct care staff, and agency leaders all verified they would not allow residents to interpret for other youth, except in emergency situations. Facility Policy 4-DS-11 "First Responder Duties" (page 5) states, "*Juveniles will not be used to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first-response duties, or an investigation....If a juvenile interpreter is used, staff will include the information in the documentation.*" This expectation is also required by agency Policy AS-903 "First Responder Duties" (page 5) and facility Policy 4-DS-11 "First Responder Duties" (page 4) which states, "*In the event a juvenile makes an outcry that he or she was sexually harassed, the first person of knowledge will: 1. Identify any language barrier; a. If a barrier exists, necessary steps will be taken to get a staff interpreter.*"

At the time of the onsite review, there were no youth in the facility who were limited English proficient, deaf or blind, or had other disabilities. All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

Standard 115.317: Hiring and promotion decisions

115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-203 “Personnel Selections, Retention, and Promotion”
- Policy AS-209 “Code of Ethics/Staff Juvenile Relationships”
- Policy AS- 1001 “Citizen, Volunteer, and Intern Services”
- Affirmative Duty to Disclose form
- Facility list of volunteers, contractors, and interns
- Volunteer/Intern Handbook 2020
- Interview with Administrative Services Senior Director (Human Resources)
- Interview with HR Specialist
- Interview with PREA Compliance Manager
- Personnel file reviews confirming all staff, volunteers, and contractors have criminal background checks (upon hire and a minimum of every five years)

Provision (a)

The Gardner-Betts facility does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The facility also does not hire any individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force or coercion. The Travis County Juvenile Probation Department Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 3-4) clearly states, *“An individual will not be eligible for employment and will be disqualified from performing services if the following information is disclosed on the person’s criminal history or background check. The requirement to register as a sex offender under Chapter 62 of the Texas Code of Criminal Procedure; The individual has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; The individual has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; The individual has been civilly or administratively adjudicated to have engaged in the activity described in 3 g and 3 h; or the individual is listed on a child abuse registry.”* In addition, the Travis County agency Policy AS-209 “Code of Ethics/Staff Juvenile Relationships” (page 2) dictates, *“Juvenile justice professionals must not: be designated as a perpetrator in an abuse, exploitation, and neglect investigation conducted by TJJD under Chapter 350 of this title and Texas Family Code Chapter 261.”*

The Travis County Juvenile Probation Department Policy AS-1001 “Citizen, Volunteer, and Intern Services (page 3-4) clearly upholds PREA expectations outlined in standard 115.317 (a). The policy specifically states, *“An individual will not be eligible to perform services and will be disqualified from performing services if the following information is disclosed on the person’s criminal history or background check: a. A current felony or jailable deferred adjudication, probation or parole; b. A felony conviction against the laws of any state or the United States (US) within the past ten (10) years; c. A deferred adjudication for a felony against the laws of any state or the US within the past ten (10) years; d. A jailable misdemeanor conviction against the laws of any state or the US within the past five (5) years; e. A deferred adjudication for a jailable misdemeanor against the laws any state or the US within the past five (5) years; f. The requirement to register as a sex offender under Chapter 62 of the Texas Code of Criminal Procedure; g. The individual has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; h. The individual has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; i. The individual has been civilly or administratively adjudicated to have engaged in the activity described in 2 g and 2 h; or j. The individual is listed on a child abuse registry.”*

In further support of DOJ PREA expectations, agency Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 2) states, *“Initial selection and promotion will be made based on experience, education, training, performance, and physical condition as required for specific positions....Applicants must successfully pass a background check, which includes: a. a local, state and federal criminal history check; b. a sex offender registry check; c. a child abuse registry check; d. professional reference checks; and e. other screening processes adopted by the Department.”*

Interviews with human resource staff, agency leaders, and facility managers confirmed the agency's practices related to background checks. In addition, a review of a random sample of staff criminal background and abuse registry records (N=21) verified the agency does not hire or promote anyone who meet the criteria outlined in provision (a) of this standard.

Provision (b)

The PREA standard provision 115.317 (b) requires the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Currently, the facility requires employees to disclose incidents of sexual harassment prior to hire and promotion by completing the Affirmative Duty to Disclose form every two years. In support of this practice, the agency Policy AS-203 "Personnel Selections, Retention, and Promotion" (page 4) upholds, *"The Department will consider any incidents of sexual harassment in determining whether to hire, promote, or enlist the services of any contractor or staff that may have contact with residents."* However, the agency or facility does not have a practice for gathering this information from contractors. Corrective action is required to successfully meet this provision (see the Corrective Action section below).

Provision (c)

As previously stated, interviews highlighted the agency's practice of conducting criminal background and abuse registry checks prior to hiring new employees. The agency conducts these requisite checks prior to hire and every two years for all Gardner-Betts employees. The agency requires all Juvenile Detention Officers to be recertified every two years and includes these checks as part of the certification process. In addition to this practice, an interview with the Travis County Administrative Services Senior Director (human resources) verified the agency is fulfilling its obligations set forth in this provision.

Prior to making a job offer, human resources staff contact previous employers to gather information. This practice is supported by agency Policy AS-203 "Personnel Selections, Retention, and Promotion" (page 4) which directs, *"The Department will make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse."*

While onsite the auditor randomly selected a sample of personnel files to review, making sure all job classifications were represented. The sample was determined by selecting every fourth name on a list of all staff (part time and full time). The sample included all current Gardner-Betts employees. Approximately 25% of all personnel files were reviewed (i.e., n=21). The file reviews revealed that all current employees criminal background checks for staff have been conducted prior to beginning work with youth and subsequently every two years. This exceeds federal PREA expectations which require background checks be conducted once every five years. Due to the Covid-19 health pandemic, there were no volunteers at the Gardner-Betts facility in the past 12 months.

Provision (d)

The Agency Policy AS- 1001 “Citizen, Volunteer, and Intern Services” (page 3) states, “*Volunteers and interns must meet the age requirements and be of good moral character. 1. Applicants must successfully pass a background check, which includes: a. a local, state and federal criminal history check; b. a sex offender registry check; c. a child abuse registry check; professional reference checks; and d. other screening processes adopted by the Department.*” Although there were no volunteers at the Gardner-Betts facility, staff interviews verified volunteers are required to undergo the requisite background checks.

DOJ PREA standards require that agencies perform criminal background checks and abuse registry checks prior to enlisting the services of contractors who may have contract with residents. Travis County has a contract with the local school district to provide youth education services onsite at the Gardner-Betts facility. The agency Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 4) directs, “*Criminal history and child abuse registry checks will be conducted every two (2) years for certified officers and at least every five (5) years for non-certified staff, contractors, interns and volunteers.*” However, the program does not currently conduct the requisite checks on the contracted teachers nor does the facility require the local school district to submit evidence that the teachers have passed the criminal background and abuse registry checks prior to allowing teachers into the facility. Corrective action is required to successfully meet this provision (see the Corrective Action section below).

Provision (e)

Agency Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 4) requires, “*criminal history and child abuse registry checks be conducted every two (2) years for certified officers and at least every five (5) years for non-certified staff, contractors, interns and volunteers.*” An interview and email communications with the Administrative Services Senior Director (Human Resources) revealed that while these background checks are conducted on employees consistent with agency policy and DOJ PREA expectations, the facility does not have evidence that these checks are completed for the contracted teachers prior to providing services at the facility. Travis County contract language does require the contracting agency to: “*...provide written certification that every contractor has undergone a criminal background check and does not have a disqualifying criminal history, as defined by TCJPD.*” This information is maintained by the TCJPD Community Liaison. PREA auditing standards require agencies to produce sufficient evidence that individuals have passed criminal background and abuse registry checks. After consulting with the PREA Resource Center, the auditor determines an email from the school district stating all teachers have passed the requisite checks does not qualify as sufficient evidence. The program is required to establish a more formal method for ensuring the requisite checks are completed for all contractors, including the teachers and that documentation of these checks is properly maintained.

As part of the audit determination process, the auditor randomly selected a sample of personnel files to review, making sure all job classifications were represented. The sample was determined by selecting every fourth name on a list of all staff (part-time and fulltime). The sample included all current Gardner-Betts employees. Approximately 25% of all personnel files were reviewed (i.e., n=21). The file reviews revealed that all current employees criminal background checks were conducted prior to beginning work with youth and subsequently every two years. This exceeds federal PREA expectations which require background checks be conducted once every five years. Due to the Covid-19 health pandemic, there were

no volunteers at the Gardner-Betts facility in the past 12 months. File reviews of contracted teachers could not be conducted as the agency currently does not run background checks on its teachers nor does it require the local school district to submit evidence that teachers have been cleared on the criminal background and abuse registries. Corrective action is required to successfully meet this provision (see the Corrective Action section below).

Provision (f)

PREA standard 115.317 (f) requires, *“The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.”* The agency has several policies and documents to support compliance with expectations set forth in this provision. More specifically, Travis County agency policy AS-203 “Personnel Selections, Retention, and Promotion” (page 3) requires the department to *“... ask prospective employees directly about any previous sexual harassment allegations and misconduct...during the application process.”*

Interviews with human resource staff verified the agency requires all potential staff members complete the Affirmative Duty to Disclose form prior to hire and all staff complete the form on an annual basis. A review of a random sample of staff files (N=21) verified all staff have completed this form every year as per policy.

The Travis County Probation Department also requires an affirmative duty to disclose previous or recent misconduct for volunteers and interns. More specifically, agency Policy AS-1001 “Citizen, Volunteer, and Intern Services” (page 5) requires volunteers and interns to inform the Volunteer Coordinator of any law violation charges within 48 hours. All volunteers and interns sign a form acknowledging they understand this requirement. In addition, the agency Policy AS-1001 “Citizen, Volunteer, and Intern Services” (page 7) explains, *“Any volunteer or intern that fails to maintain the appropriate qualifications or criminal history as outlined in B (1) and (2) of this policy will be subject to termination or suspension of the person’s services.”* The policy (pages 7-8) also clearly states, *“Any volunteer or intern that engages in any form of abuse, neglect or exploitation, to include sexual abuse or sexual harassment, will be prohibited from having contact with juveniles. a. The conduct will be reported to the appropriate authorities per AS-901: Reporting of Child Abuse, Neglect, and Exploitation. b. Any ethical violations will be reported to the relevant licensing or certification agency as outlined in AS-209: Code of Ethics / Staff - Juvenile Relationships. 4. Any identification card will be returned to the Department upon termination or suspension of a person’s services.”*

Provision (g)

The agency sets clear expectations regarding staff omitting misconduct information. More specifically, the Travis County agency Policy AS-203 “Personnel Selections, Retention, and Promotion” (page 3) states, *“Material omissions regarding misconduct or providing false information will be grounds for termination.”* Staff interviews verified they understand they will be fired if they do not disclose this information.

Provision (h)

Interviews with the Administrative Services Senior Director (Human Resources) and HR Specialist revealed that after seeking counsel from the agency legal representative, the agency would provide information to future employees regarding substantiated cases of sexual abuse or sexual harassment. The program has not had a request from another institutional employer and therefore, has not had to provide this information.

Corrective Actions

- 1) The agency is required to create formal process for ensuring they “consider any incidents of sexual harassment in determining whether to hire...enlist the services of any contractor who may have contact with residents.” The program will submit a description of this process and revised policy and forms supporting this new practice (Standard 115. 317 (b)).
- 2) The agency is required to create a formal process for ensuring contractors (i.e., teachers) have been formally cleared through criminal background checks and abuse registry checks prior to working with youth. The program will submit a description of this process; the revised policy supporting this new practice; and completed criminal background checks and abuse registry checks on all teachers and other contractors who may have contact with youth (Standard 115.317 (d)).
- 3) The agency is required to create a formal process for ensuring contractors who have contact with residents complete criminal background checks at least every five years. The program will submit a description of this process; the revised policy supporting this new practice; and completed criminal background checks on those teachers and other contractors whose last criminal background check was conducted five or more years ago. (Standard 115.317 (e)).

Additional Evidence Reviewed and Action Taken During the Corrective Action Period

- Memorandum dated 1/25/2022 detailing key components of the draft SOP and verifying all requisite background checks were conducted

During the corrective action period the program submitted a memorandum to the auditor detailing the new process for ensuring contracted teachers and other contractors receive the requisite criminal background and abuse registry checks. A formal memorandum was drafted and submitted to the auditor for review. The new Standard Operating Procedures (SOP) will address the requirement for the criminal background and abuse registry checks for contractors and volunteers as well as the duty to disclose previous misconduct such as sexual harassment. More specifically, the memo states:

“FACT/fingerprint reports and DFPS child abuse/neglect registry checks were completed on all Austin Independent School District (AISD) teachers in December of 2021. An official Standard Operating Procedure (SOP) will be forthcoming in May of 2022. The below summarizes what has already been implemented and will be contained on the SOP in further detail.

The Lead Teacher from AISD at each facility will promptly notify the Division Director when a new teacher has been assigned to their facility. The Division Director will then promptly notify the Department's Human Resources division about the new teacher.

Human Resources will send the new teacher CCH authorization forms via DocuSign and will run a FACT/fingerprint report and DFPS child abuse/neglect registry check. In addition, the teacher will be required to complete an "Affirmative Duty to Disclose" form. This will help the Department consider any incidents of sexual harassment. Teachers will be required to complete this form annually.

For those AISD teachers still with the Department 5 years after time of hire, Human Resources will again send the CCH authorization forms via DocuSign and will run a FACT/fingerprint report and DFPS child abuse/neglect registry check. This process will repeat every 5 years for AISD teachers who continue with the Department."

Although the SOP is still in draft form, the new practice (and accompanying SOP) detailed in the formal memo supports compliance with the standard. In addition, during the CAP the agency conducted criminal history fingerprint checks and DFPS child abuse/neglect registry checks on all Austin Independent School District (AISD) teachers who work at the facility in December of 2021. The auditor verified the requisite checks were completed. All evidence reviewed allows the auditor to conclude the program is now in compliance with provisions in this standard.

Standard 115.318: Upgrades to facilities and technologies

115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Interview with Interim Chief Juvenile Probation Officer
- Interview with Director of Accreditation and Compliance
- Interview with Director of Detention Services
- Observations during facility audit tour

In 2019, the Gardner-Betts facility installed additional surveillance cameras in the residential units, school classrooms/areas, breezeways, as well as cameras to monitor outside of the buildings. At the time of the onsite review, there are over 250 cameras strategically located throughout the facility. Interviews with agency and facility leaders verified that the decision to install additional cameras was made based on the desire to better ensure youth and staff safety. Examples provided during staff interviews demonstrated the facility was intentional about addressing all potential blind spots and that the agency secured the needed resources to purchase and install additional cameras.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-217 B “Conducting Administrative Investigations”
- Policy AS-904 “Corrective Action and Notifications”
- Policy AS-905 “Services for Victims of Sexual Abuse”
- MOU between Travis County Juvenile Department and Safe Place – Travis County Domestic Violence and Sexual Assault Survival Center (executed July 2018)
- Copy of degree license for the facility’s Clinician
- Interview with the Director of Detention Services
- Interview with facility Clinician
- Interviews with direct care staff across all shifts
- Interview with PREA Compliance Manager
- Interviews with facility Nurses
- Travis County Probation Department website describing investigative responsibilities of the agency and who conducts criminal investigations - [Juvenile Court \(traviscountytx.gov\)](http://traviscountytx.gov/juvenile-court)

Provision (a)

The Travis County Compliance Officers who have received specialized investigations training are responsible for conducting administrative/personnel investigations related to any violations of agency policies, including ethical misconduct. In cases of sexual abuse, first responders are required to secure the scene and contact the State of Texas Juvenile Justice Department and local law enforcement. Travis County Sheriff’s Office has an officer located on the Gardner-Betts campus and therefore, are able to respond quickly to allegations of sexual abuse. The agency Policy AS-904 “Corrective Action and Notifications” (page 2) supports the practice that all allegations are investigated. More specifically, the

policy states, *“The Department will ensure that all allegations of sexual abuse and sexual harassment are investigated. The Department will promptly and fully investigate all allegations of sexual abuse and sexual harassment as outlined in AS-217 B: Conducting Administrative Investigations.”*

Although the Travis County Juvenile Probation Department is not responsible for conducting criminal investigations, staff are trained on first responder duties which includes securing the scene and preserving evidence (i.e., telling youth not to shower, wash, brush teeth, use toilet, or change clothes) prior to law enforcement arriving to the scene. Local law enforcement is responsible for formally collecting physical evidence. During the onsite visit, staff interviews revealed staff understood the protocol and verbalized the process of separating youth and protecting evidence in the event of a sexual abuse allegation.

Provision (b)

The Gardner-Betts facility employs more than a dozen Registered Nurses (RNs) and a Medical Director/Head Nurse. None of the RNs are qualified Sexual Assault Nurse Examiner (SANE). Interviews revealed that the facility’s coordinated response protocol requires that in the event of alleged abuse, the youth would be transported to the local hospital for a forensic examination by a SANE. The PCM and auditor made several attempts via email and telephone to connect with the SANE Manager at the hospital but were unable to connect. In addition, the hospital SANE policy was not posted on the hospital’s website. That said, the Travis County Probation Department’s Policy AS-905 “Services for Victims of Sexual Abuse” (page 3) requires, *“The forensic protocol will be developmentally appropriate for youth and to the extent possible, be based on the protocol for sexual assault medical forensic examinations.”*

Provision (c)

As previously mentioned, although the Gardner-Betts facility employs more than a dozen Registered Nurses (RNs), none of the RNs are qualified Sexual Assault Nurse Examiner (SANE). Therefore, in response to allegations of sexual abuse, youth would be transported to the local hospital for a forensic examination by a certified SANE. The PCM and auditor made several attempts via email and telephone to connect with the SANE Manager at the local hospital to confirm the hospital’s SANE protocols. That said, Travis County has policies to support provisions in these standards. Agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 1) states, *“a. Referrals to medical providers, to include an individual that is appropriately trained and qualified to perform a forensic examination.”* In addition, this policy (pages 2-3) also upholds: *“Medical Services will be made available to juvenile victims of sexual abuse. 1. Determinations as to what testing and treatment services are medically necessary and appropriate will be made by a medical professional in accordance with their professional judgement. 2. If the abuse occurred in a facility or juvenile justice program, the cost of the treatment services will not be assessed to the victim or his or her family and will be provided whether or not the victim names the abuser and / or cooperates with any administrative or criminal investigation. As evidentiarily or medically appropriate, the Department will transport juvenile victims of sexual abuse to a hospital, clinic, or emergency room that can provide a forensic examination. As available, the forensic exam will be provided by Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) or other qualified medical practitioner.”* Interviews with the Director of Detention Services, PCM, and facility Nurses verified SANE services would be provided without cost to the victim.

Provision (d)

In support of provisions in this standard, the Travis County Juvenile Department has secured an executed Memorandum of Understanding (MOU) with a local victim advocacy center, Safe Alliance (formerly Safe Place). The MOU was executed in July 2018. The MOU provides details regarding the responsibilities of each party. For example the MOU states that SAFE will provide victim support services seven days a week; complete specialized training regarding the prevalence and dynamics of sexual abuse while in custody; provide juveniles with referrals for treatment after release from custody or upon transfer to another facility; provide a victim advocate upon request from the juvenile department or youth; allow the victim advocate to accompany and support the victim during the SANE exam and during investigatory interviews; etc. Interviews with facility managers verified that sexual abuse victims would be offered emotional support services.

Provision (e)

The Travis County Juvenile Probation Department Policy AS-905 “Services for Victims of Sexual Abuse” (page 3) states, “*Mental Health Services and Crisis Intervention Counseling will be made available to juvenile victims of sexual abuse. The mental health professional will make the determination of appropriate counseling referrals, to include crisis intervention services, follow-up services, treatment plans and referrals for continued care.*” Interviews with clinical staff, nurses, and facility managers verified youth would be offered a victim advocate as part of the facility’s coordinated response protocol.

Other agency policies support this standard provisions. More specifically, agency Policy AS 217B “Conducting Administrative Investigations states “*...victim advocate or a support person of the victim’s choosing shall be allowed to be present during the interview unless it would be harmful to the investigation.*” Similarly, agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 4) states, “*If requested by the juvenile, a victim advocate or qualified individual from a community-based organization will accompany and support the juvenile through the forensic medical examination and investigatory interviews.*”

In further support of PREA expectations and as previously mentioned, the MOU between Travis County Juvenile Department and Safe Place (executed July 2018) states that Safe Place will: “*Provide a victim advocate upon request from TCJPD or a juvenile who will receive a forensic medical examination as a result of suffering sexual violence. The victim advocate shall accompany and support the victim during the examination process and investigatory interviews, as well as provide emotional support, crisis intervention, information and referrals.*”

Provisions (f) and (g)

As previously mentioned, the Travis County Sheriff’s Office and the State of Texas Department of Juvenile Justice are responsible for conducting sexual abuse investigations. Individuals leading these investigations have received training on preserving physical evidence. Since the auditor could not connect with the SANE manager of the local hospital, she is unable to verify the process for conducting these SANE exams.

Provision (h)

The Gardner-Betts Juvenile Justice Center employs one clinician who is a Licensed Social Worker. The auditor was provided a copy of the clinician's credential (Social Work license) to verify she is qualified to provide emotional support services as needed.

All evidence reviewed (i.e., policies, documents, youth and staff interviews, facility tour observations, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.322 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?
☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
☒ Yes ☐ No ☐ NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-217 “Administrative Investigations”
- Policy AS-217 B “Conducting Administrative Investigations”
- Policy AS-901 “Abuse and Neglect Prevention and Response”
- Policy AS-904 “Corrective Action and Notifications”
- Policy AS-217 “Administrative Investigations”
- Policy AS-217 B “Conducting Administrative Investigations”
- Referrals of Allegations for Investigations document posted on the Travis County website [Juvenile Court \(traviscountytx.gov\)](http://www.traviscountytx.gov/juvenile-court)
- Texas Juvenile Justice Department website (<https://www.tjjd.texas.gov>)
- TJJD Policy Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment”
- PREA training Power Point for staff
- Example of a completed investigation report and supporting documents (March 2019)
- Interviews with Juvenile Detention Officers (direct care staff)
- Interviews with Travis County PREA Investigators
- Interview with Interim Chief Juvenile Probation Officer
- Interview with Direction of Detention Services
- Travis County Grievance Review Form
- Review of a sample of grievances
- Grievance Excel tracking chart

Provision (a)

The Travis County Sheriff’s Office and the Texas Juvenile Justice Department (TJJD) are responsible for conducting investigations of sexual abuse occurring at the Gardner-Betts Juvenile Justice Center. When an allegation of sexual abuse or sexual harassment is made, first responders are required to make a report to TJJD within four hours. If the allegation involves potentially criminal behavior first responders must contact the Travis County Sheriff’s Office within one hour of receiving the allegation. Investigators employed by Travis County and who are responsible for conducting PREA investigations at the Gardner-Betts facility would receive instruction from TJJD and the local Sheriff’s office regarding how to proceed with the administrative investigation. Interviews with the PREA investigators revealed that at times the TJJD or the Sheriff’s office assumes the Lead Investigator role and Gardner-Betts Investigators pause their involvement (i.e., refrain from interviewing the victim, witnesses, etc.). In other cases, the Travis County PREA investigators are permitted to conduct the administrative investigation simultaneously. These roles and responsibilities are detailed in the document titled, “Referrals of Allegations for Investigations” which is posted on the Travis County website ([Juvenile Court \(traviscountytx.gov\)](http://www.traviscountytx.gov/juvenile-court)).

The Travis County Probation Department requires all allegations of sexual abuse to be reported to the appropriate authorities and thoroughly investigated. The agency has several policies that support provisions in this standard. Agency Policy AS-904 Corrective Action and Notifications (page 2) puts forth, *“The Department will ensure that all allegations of sexual abuse and sexual harassment are investigated. The Department will promptly and fully investigate all allegations of sexual abuse and sexual harassment as outlined in AS-217 B: Conducting Administrative Investigations. 2. All allegations of sexual abuse and sexual harassment will be investigated regardless of how much time has passed since the alleged incident. All third-party reports will be investigated regardless of the approval or agreement of the alleged victim.”* In addition, agency Policy AS-217 “Administrative Investigations” (page 1-2) directs, *“The Department conducts administrative investigations of alleged violations of Department policy, procedure, contract or standard. The Chief Juvenile Probation Officer (Chief) or designee will designate an investigator to review an allegation made against an employee, intern, volunteer or contractor. An allegation may include, but is not limited to: Policy Personnel Administrative Investigations AS-217 1. abuse, neglect or exploitation of a juvenile, to include sexual abuse and sexual harassment; 2. discrimination, harassment, retaliation or sexual harassment; 3. a violation of the Department’s Code of Ethics; 4. falsification of work-related documentation....A thorough and competent investigation into the allegation will be conducted.”*

Although there have been no allegations of sexual abuse or sexual harassment at the Gardner-Betts facility in the past 24 months, the auditor reviewed a sample of grievances (non-sexual) to provide information regarding the facility’s response to issues raised by youth. The facility has a form titled, “Travis County Grievance Review Form” on which the Gardner-Betts Case Work Manager logs the information obtained during the investigation; the date youth was notified of the outcome; and action taken. The form also includes a question asking youth whether they wish to appeal the decision and requires the youth to sign and date that they have received/discussed this information. The auditor also reviewed the Excel Grievance Tracking sheet which details the number of grievances, the type of grievance, the outcome/resolution, and whether there was an appeal to the grievance resolution. The auditor also reviewed an investigation report and supporting documents from 2019 to verify allegations are investigated. The auditor determined the facility has a clear process in place for addressing grievances and thoroughly investigating all concerns raised by residents.

Provision (b)

As stated previously, the Travis County Probation Department has several policies that require all allegations to be reported to the proper authorities to be thoroughly investigated. These notifications include calling TX DJJ within four hours and if there is potentially criminal behavior, calling law enforcement within one hour. The agency Policy AS-901 “Abuse and Neglect Prevention and Response” (page 5) establishes clear expectations for referring allegations to law enforcement. The policy states, *“The staff will notify the law enforcement agency having criminal investigation jurisdiction of the allegation, which includes Travis County Sheriff’s Department at the main campus and Austin Police Department and / or AISD Police Department at satellite office and program space.”* Staff are required to document these referrals/notifications on the incident report.

Interviews with the PREA investigators revealed that at times the TJJD or the Travis County Sheriff's Office assumes the Lead Investigator role and Gardner-Betts investigators pause their involvement (i.e., refrain from interviewing the victim, witnesses, etc.). In other cases, the Travis County PREA investigators are permitted to conduct the administrative investigation simultaneously. These roles and responsibilities are detailed in the document titled, "Referrals of Allegations for Investigations" which is posted on the Travis County website [Juvenile Court \(traviscountytx.gov\)](http://juvenilecourt.traviscountytx.gov). This document clearly states, *"The Department will ensure a specially-trained investigator conducts an administrative investigation into the allegation. The Department will ensure that any administrative investigation does not interfere with the TCSO or TJJD investigation. The Department will take any remedial action upon the findings that the allegation was founded."* The auditor verified the link to the document referenced is in working order.

Interviews with PREA investigators and direct care staff verified they understand the requirement to report all allegations of sexual abuse, sexual harassment, and retaliation to the proper authorities immediately.

Provision (c)

The document "Referrals of Allegations for Investigations" defines the roles and responsibilities of the Travis County Juvenile Probation Department, Travis County Sheriff's Office (TCSO), and the Department's specialized investigators. This document is posted on the Travis County website ([Juvenile Court \(traviscountytx.gov\)](http://juvenilecourt.traviscountytx.gov)).

Provision (d)

The Travis County Juvenile Probation Department has several policies to guide and govern how administrative investigations are conducted. Policy AS-217 "Administrative Investigations" and Policy AS-217 B "Conducting Administrative Investigations" provide detailed guidance regarding who will lead these investigations; evidence to be collected; criteria for substantiation; etc.

The Texas Juvenile Justice Department is responsible for conducting investigations of sexual abuse and sexual harassment. Texas Juvenile Justice Department has a policy titled, "Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment" which includes language regarding conducting investigations. The auditor reviewed the state's policy to verify compliance with this PREA provision.

Provision (e)

The Department of Justice (DOJ) does not conduct investigations at the Gardner-Betts facility.

All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities? ☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.331 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment"
- Policy AS-401 "Staff Training and Development Plan"
- Training Acknowledgment Form: PREA – Creating a Culture of Safety
- Review of Power Point used for staff PREA training
- Review of "First Responder Role" Staff Training Power Point
- Review of training records verifying staff completed required PREA training on annual basis
- Review of training records verifying staff completed the required attestation form

- Interviews with Juvenile Detention Officers (direct care staff)
- Interviews with specialized staff

Provision (a)

The Travis County Probation Department requires all staff to receive annual training on PREA. This expectation is memorialized in Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” which states, “*The staff will receive annual training on sexual abuse and sexual harassment as outlined in AS-401*” (Page 3). Agency Policy AS-401 “Staff Training and Development Plan” (page 10) also directs:

“In addition to the topics listed in Subsection F 4. above, the Department requires the staff assigned to facilities to have training on PREA information (sexual abuse, assault and harassment) during orientation and on an annual basis. Training includes, but is not limited to: a. The Department’s zero-tolerance policy for sexual abuse and sexual harassment; b. Fulfilling the responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; c. Residents’ right to be free from sexual abuse and sexual harassment; d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. Dynamics of sexual abuse and sexual harassment in juvenile facilities; f. Common reactions of juvenile victims of sexual abuse and sexual harassment; g. Detecting and responding to signs of threatened and actual sexual abuse and distinguishing between consensual sexual contact and sexual abuse between residents; h. Avoiding inappropriate relationships with residents; i. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and j. Complying with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and k. Relevant laws regarding the applicable age of consent. l. Certified officers shall be trained on conducting searches of transgender and intersex residents in a professional and respectful manner in the least intrusive manner possible that is consistent with security needs.”

Review of the PREA staff training PowerPoint slide deck provided clear evidence that all required DOJ training topics are covered in detail (i.e., zero tolerance, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with LGBTQI youth; etc.). Although, the PREA standards only require an annual refresher during the in-between years, the Gardner-Betts facility requires all employees to complete the comprehensive PREA training and complete the attestation form each year (see Provision d). In addition, the agency requires all staff to complete a separate “First Responder Role” training each year. This training includes detailed information regarding how to respond to allegations of sexual abuse (i.e., separate the victim, secure the scene, etc.)

The auditor reviewed a sample of staff training records (N = 38) that included full and part-time positions (i.e., JDOs, facility managers, nurses, and other specialized staff). The auditor confirmed all staff have received the PREA training upon hire and every year thereafter. In addition, staff interviews further verified they have received this training and they understand their responsibilities related to maintaining a zero-tolerance environment; mandatory reporting; responding to allegations of sexual abuse, sexual harassment, and retaliation; and other key topics.

Provision (b)

A review of the PREA Power Point presentation used to train staff on PREA expectations verified this training addresses the dynamics of abuse within facilities; communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and working with female residents.

Provision (c)

As previously mentioned, the Gardner-Betts facility requires all staff to complete PREA training and the First Responder role trainings and to sign the attestation form on an annual basis. This practice is supported by Travis County Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation” (page 10) which directs, *“Required training: All Department personnel shall be trained annually on procedures for reporting abuse, neglect and exploitation. The staff will receive annual training on sexual abuse and sexual harassment as outlined in AS-401.”* Review of a random sample of signed acknowledgment forms confirmed staff have received the training consistent with Travis County policy and DOJ PREA standards.

Provision (d)

Upon completing the PREA training Gardner-Betts employees are required to sign the “Training Acknowledgment Form: PREA – Creating a Culture of Safety” which reads:

“I have received training on the elements of PREA Standard 115.331 (a) and had the opportunity to ask questions about:

- The Department’s zero-tolerance policy for sexual abuse and sexual harassment;*
- How to fulfill my responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;*
- Resident’s right to be free from sexual abuse and sexual harassment;*
- The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;*
- The dynamics of sexual abuse and sexual harassment in juvenile facilities;*
- The common reactions of juvenile victims of sexual abuse and sexual harassment;*
- How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents;*
- How to avoid inappropriate relationships with residents;*
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;*
- Relevant laws regarding the applicable age of consent; and*
- Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;*

“I understand this training, the importance of these topics and the responsibilities for reporting any instance of sexual abuse or sexual harassment and reporting any retaliation for reporting.”

As previously mentioned, the auditor reviewed a sample of staff training records (N = 38) that included full and part-time positions (i.e., JDOs, facility managers, nurses, and other specialized staff). The auditor confirmed all staff have received the PREA training and have signed the “Training Acknowledgment Form: PREA – Creating a Culture of Safety” upon hire and every year thereafter.

All evidence reviewed (i.e., training records, policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

Standard 115.332: Volunteer and contractor training

115.332 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.332 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?
☒ Yes ☐ No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- AS-902 “Preventing and Detecting Sexual Abuse and harassment
- AS-1001 “Citizen, Volunteer, and Intern Services”
- Travis County Juvenile Probation Department Volunteer/Intern Handbook 2020
- Review of completed “Recognizing and Reporting Abuse, Neglect, and Exploitation: Contractor Acknowledgement Form” for contracted teachers
- Review of PREA training rosters for contracted teachers
- List of contractors, volunteer, and interns

- Report showing when volunteers received refresher training and criminal history checks
- Interviews with sample of contracted teachers
- Interviews with sample of volunteers

Provision (a)

All volunteers and contractors are required to participate in the agency PREA training. At the time of the onsite review and due to the Covid-19 pandemic, the Gardner-Betts facility did not have any volunteers currently working in the program. That said, the auditor reviewed an automated report which showed volunteers completed the PREA training in 2020 and 2021 even though they were not permitted to be onsite. Interviews with a sample of volunteers verified they have received and understood the PREA training.

Clear expectations regarding zero-tolerance for sexual abuse and sexual harassment is set forth in the Travis County Juvenile Probation Department Volunteer/Intern Handbook 2020. The handbook explains in detail the agency/facility expectations regarding zero tolerance and details the orientation training (page 26) which includes specific information regarding zero-tolerance and healthy boundaries. More specifically, the orientation training instructs volunteers to NOT *“...accept gifts, favors or other advantages that could give the appearance of impropriety or impair the impartial and objective exercise of professional responsibilities...Maintain or give the appearance of maintaining an inappropriate relationship with a juvenile including, but not limited to, bribery or solicitation or acceptance of gifts, favors or services from juveniles or their families...”* This orientation also clearly requires volunteers to *“Maintain the integrity and confidentiality of juvenile information, not seek more information than is needed to perform their duties, and not reveal information to any person who does not have authorized access to the information for a proper, professional use.”*

The volunteer/intern training also includes PREA specific information (page 29- 36) which includes sexual abuse and sexual harassment definitions; zero tolerance policy for all forms of abuse and harassment; specific procedures for reporting sexual abuse, neglect, sexual harassment, or other serious negative behaviors; list of vulnerable populations; reporting dynamics (why boys or girls may not report); how to recognize red flags for staff sexual misconduct; signs of sexual abuse; signs of grooming and behaviors related to potential perpetration; and entities to which a report can be made (and the corresponding contact information). The handbook also states that volunteers are required to sign an acknowledgement form declaring s/he *“Understand and acknowledge the Department’s zero tolerance policy regarding sexual abuse and sexual harassment and be informed about how to report sexual abuse.”*

Provision (b)

The Gardner-Betts Volunteer Coordinator is responsible for ensuring volunteers and contractors are trained consistent with agency and DOJ PREA standards. This responsibility is supported by formal agency Policy AS-1001 “Citizen, Volunteer, and Intern Services” (page 2) which directs the Volunteer Coordinator to: *“....Provide or make provisions for the orientation and ongoing training of organizations, volunteers and interns required by standards.”* This same policy (pages 5-6) also states volunteers and interns will receive orientation training to include, but not limited to *“...2. Identifying and reporting abuse, neglect, and exploitation; 3. Prison Rape Elimination Act and the Department’s sexual abuse prevention,*

detection, and response policies and procedures (to include the Department's zero tolerance policy towards sexual abuse)." As described in Provision (a) above, a review of the volunteer/intern PREA training verified the training includes the requisite topics (i.e., the agency's zero-tolerance policy, how to report incidents, healthy boundaries, signs of abuse, etc.).

A review of training rosters and acknowledgement forms (n=28) as well as interviews with a sample of contracted teachers confirmed they have received the required PREA training.

Provision (c)

The Travis County Probation Department Policy AS-1001 "Citizen, Volunteer, and Intern Services" (pages 4-5) specifically states, *"The volunteer or intern signs an agreement which includes provisions to.... . Report, in accordance with Department policy, any belief that abuse, neglect, or exploitation of a juvenile has occurred."* Due to the Covid-19 pandemic the facility does not currently have volunteers. However, the auditor reviewed an automated report that showed volunteers completed the PREA training in 2020 and 2021 even though they were not permitted to be onsite. Interviews with a sample of volunteers verified they have received and understood the PREA training.

Upon completing the facility's zero-tolerance training, all contractors and volunteers are required to complete the "Recognizing and Reporting Abuse, Neglect, and Exploitation: Contractor Acknowledgement Form". The form specifically states, *"By signing this form, I acknowledge that the information related to my obligation to report abuse, neglect and exploitation, to include sexual abuse and sexual harassment prevention, detection, and response policies and procedures was explained to me and I was allowed to ask questions. I understand the contents of this training and understand the importance and responsibilities for compliance with the mandatory reporting laws."* Review of teacher training records (signed rosters) and signed and dated Contractor Acknowledgment Forms (n=28) verified all contracted teachers have completed the requisite training.

As previously mentioned, the teachers who provide education services are contracted through the local school district. A review of training rosters and acknowledgement forms (n=28) as well as interviews with a sample of teachers confirmed they have received the requisite PREA training.

All evidence reviewed (i.e., policies, volunteer interviews, contracted teacher interviews, training record reviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

Standard 115.333: Resident education

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.333 (c)

- Have all residents received such education? ☒ Yes ☐ No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes ☐ No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
☒ Yes ☐ No

115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Travis County Juvenile Probation Department Detention Services Juvenile Handbook
- Pamphlet for youth “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department and provided at intake)
- Spanish version of A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department and provided at intake)
- Agency’s “Abuse Education for the Orientation Process” (at intake)
- Agency’s “Prevention, Intervention, and Minimizing Your Risk for Abuse” (at intake)
- “Acknowledgment of Receipt of Orientation Information and Materials” (at intake)
- Sample of signed youth “Acknowledgment of Receipt of Orientation Information and Materials” (at intake)
- Travis County Juvenile Probation Department: Gardner-Betts Intake Packet
- Comprehensive PREA education for youth - “End Silence: Youth Speaking Up About Sexual Abuse in Custody” (three books – Charlie’s Report; Billy Speaks Out; and Sheila’s Dilemma)
- “End Silence: Youth Speaking Up About Sexual Abuse in Custody – A Facilitator’s Guide”
- Review of a sample of “Detention Services PREA Group Sign-In Sheet” (10-day PREA education)
- Translation service is listed in the Interpreters list available on the Howard Center Webpages, Diversity, Equity & Inclusion
- Interviews with youth
- Interview with Intake Worker
- Interview with Case Manager
- Interviews with Juvenile Detention Officers responsible for conducting comprehensive PREA training for youth
- Interview with Shift Supervisors

Provision (a)

The Gardner-Betts facility provides several avenues by which youth receive zero-tolerance information. At intake, the Intake Worker verbally reviews three documents with the youth: 1) Travis County Juvenile Probation Department: Abuse Education for the Orientation Process; 2) County Juvenile Probation Department: Prevention, Intervention, and Minimizing Your Risk for Abuse; and 3) Pamphlet for youth “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department). Some of the information provided at intake, as outlined in the “Abuse Education for the Orientation Process” include, but is not limited to:

- Types of abuse (physical, sexual, emotional), neglect, and exploitation
- Avenues for reporting abuse (i.e., Report to an adult you trust; write a grievance; call the Texas Juvenile Justice Department (TJJD) ANE hotline; call the Department of Family and Protective Services (DFPS))
- Contact phone numbers for TJJD and DFPS
- A youth’s right to confidentiality when making a report
- A youth’s right to be free from retaliation for making a report
- A youth right to access emergency medical and mental health treatment if s/he is a victim of a sexual assault
- A declaration that all allegations of abuse will be investigated

In addition, intake staff are required to verbally review the agency’s “Prevention, Intervention, and Minimizing Your Risk for Abuse” document at intake. This document clearly states, *“This facility has a zero-tolerance policy on abuse, sexual assault, sexual activity, and harassment. These are things that you can do to protect yourself from abuse while you are here in this facility or wherever you might go. You will not be punished or retaliated against for taking steps to minimize risk of sexual abuse.”* The document lists strategies such as avoiding isolated or secluded areas; not entering other resident’s room; not giving or accepting gifts; if youth feel uncomfortable report to the Shift Supervisor; and reporting all incidents to TJJD, to name a few.

The agency’s “Prevention, Intervention, and Minimizing Your Risk for Abuse” document also outlines the Department’s responsibility to prevent and intervene when suspected or confirmed sexual abuse. Some of these listed include offering the victim access to sexually transmitted infections testing; offering mental health assessment and crisis intervention counseling; separating the victim and alleged perpetrator; and referring substantiated allegation of misconduct that appear to be criminal referred for prosecution, to name a few.

In addition, the Intake Worker reviews portions of the Travis County Juvenile Probation Department Detention Services Juvenile Handbook with youth upon arrival. This handbook provides detailed information about youth rights (i.e., right to be treated fairly; right to be free from corporal punishment, harassment, threats, intimidation, physical/sexual assaults, physical/sexual abuse, exploitation, neglect or embarrassment; right to report abuse, neglect, or exploitation directly to TX DJJ; etc.); definitions/examples of sexual abuse/assault/harassment/retaliation; avenues for reporting; staff obligation as mandatory reporters; emotional support services (Safe Alliance); how to prevent and/or

avoid high risk situations; and other information relevant to youth safety. The handbook provides the phone numbers and mailing address for Safe Alliance (victim advocates) as well as TX DJJ ANE hotline. After the information is reviewed with the youth, the resident is required to sign and date the agency's "Acknowledgment of Receipt of Orientation Information and Materials." This form specifically states, *"I understand that I have the right to confidentiality in the grievance process and reporting any type of suspected abuse, which includes sexual abuse and assault, neglect or exploitation (ANE). I also have the right to confidentiality for preventing and intervening in suspected sexual abuse, minimizing the risks of sexual abuse, and accessing treatment and counseling. I also understand that I will not be punished for participating in any activity stated above or reporting any concerns. I understand that anytime I have a question about any part of the program, I can check the handbook or ask staff. My signature below confirms the listed orientation information was read and explained to me by Department Staff and that I have access to copies of the listed information."* The auditor reviewed signed intake orientation forms for all current youth as well as a sample of those youth discharged in the past 12 months (N=25; 8 current youth and 17 discharged youth) to verify youth received this initial PREA information.

In support of these practices the agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" (Page 5) states, *"Residents in facilities will receive information on how to avoid risk situations, how to safely report sexual abuse and sexual harassment and their rights to be free of retaliation."* This same policy (page 6) also requires, *"Orientation materials will be provided within 12 hours of intake and include explanations of: a. the Department's zero tolerance policy on any form of abuse; b. the right to be free from sexual abuse and sexual harassment; c. systems in place to protect them from harm to include accessing the grievance process, accessing outside parties such as parents / guardians, attorneys and the court system and methods of contacting oversight agencies such as TJJD or DSHS; d. being free from retaliation when utilizing the Department's methods of reporting complaints."*

Youth interviews verified they received this information when they first arrived at the facility.

Provision (b)

Within ten days of intake all youth are provided more comprehensive PREA education. Each Saturday Juvenile Detention Officers lead a PREA group, to which all new youth must attend. All youth are encouraged to attend but youth new to the facility are required. The JDOs facilitate a one-hour discussion using the "End Silence: Youth Speaking Up About Sexual Abuse in Custody – A Facilitator's Guide" (authors Briggs, Yarussi, Kinard, and Smith 2012). The facilitator's guide is based on the three PREA education books: "End Silence: Youth Speaking Up About Sexual Abuse in Custody- Charlie's Report; Billy Speaks Out; and Sheila's Dilemma." Youth who attend the PREA education group take turns reading the pages of the illustrated books out loud to the group. The facilitator uses a series of structured discussion questions provided at the back of the books to engage youth in the education process. The discussion questions target key content in these PREA education books including, but not limited to: How to avoid high risk situations; how to report abuse; appropriate supports available if you are a victim of abuse (i.e., counseling); and what youth would do if they were sexually assaulted.

To support these practices the agency has several policies mandating youth be provided with PREA education. More specifically, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" (Page 6) states, *"Information and comprehensive education will be provided to residents*

housed in facilities within 10 days of intake. a. Signs and posters are provided throughout the housing areas to remind the residents of their right to report sexual abuse or sexual harassment to TJJD and / or DSHS. b. Education will be age-appropriate and provided in formats to ensure all residents may fully benefit from the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Documentation of participation in the resident education sessions will be maintained. c. Residents will be provided periodic updates and reminders throughout their stay in the facilities....The staff will ensure the resident comprehends the information and is able to articulate their understanding." Onsite interviews with youth verified they understand the key pieces of PREA – zero tolerance; how to report; youth are mandatory reporters; etc.

More specifically, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (page 6) states, *"Signs and posters are provided throughout the housing areas to remind the residents of their right to report sexual abuse or sexual harassment to TJJD and / or DSHS; b. Education will be age-appropriate and provided in formats to ensure all residents may fully benefit from the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment... Residents will be provided periodic updates and reminders throughout their stay in the facilities."*

The auditor reviewed a sample (n=25) of signed "Detention Services PREA Group Sign-In Sheet" (10-day PREA education sessions) to verify all youth have completed the comprehensive PREA training addressing their right to be free from sexual abuse, sexual harassment, and retaliation as well as the process for reporting such incidents. All youth interviewed stated they participated in at least one of the weekly PREA groups.

Provision (c)

As previously stated, youth training records, signed acknowledgement forms, and youth interviews verified all residents have received the comprehensive PREA education within 10 days of arriving to the facility.

Provision (d)

Agency Policy AS-902 "Preventing and Detecting Sexual Abuse and harassment" (Page 6) clearly describes how youth with disabilities and/or ESL will be provided with PREA educational material. More specifically, the policy states, *"Appropriate steps will be taken to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Steps taken include, but are not limited to: a. Ensuring the information uses terminology appropriate to the residents' age, sophistication, and intelligence; b. Ensuring the information is accessible to residents with physical or intellectual disabilities; c. Providing formats in English and Spanish; d. Providing interpreters as needed; and e. Ensuring the staff read the information out loud if the resident has limited reading skills or a literacy issue exists."* Spanish-version of the orientation and PREA education materials reviewed with youth at intake are available (i.e., the Teen's Guide pamphlet; the orientation packet, and the juvenile handbook). An interview with the Intake Worker verified if a youth was limited English proficient, he could engage a staff member who was fluent in the youth's language to review the material with the youth. He also stated

that he could access formal translation services through Travis County. During the audit tour the auditor observed zero tolerance posters/TX DJJ ANE hotline posters in Spanish.

To ensure youth with limited reading skills and/or cognitive disabilities understand the information, intake staff are required to verbally review the PREA-related information with youth and to check youth's understanding of the information provided.

Provision (e)

As previously stated, the auditor reviewed a sample of youth training records, verifying youth completed the required PREA education sessions and confirming the Gardner-Betts facility is formally documenting participation in these sessions. In support of this practice, agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (page 6) directs "*documentation of participation in the resident education sessions will be maintained.*"

Provision (f)

As previously mentioned, the Travis County Juvenile Probation Department reviews the contents of the Detention Services Juvenile Handbook with youth at intake. While youth are not provided a copy of the handbook to take back to their living unit, a copy of this handbook is available outside of the staff office on each unit. The auditor observed these handbooks on each residential unit during the facility tour. In addition, all youth interviewed knew the handbook was available and how to access it. Youth interviewed also understood the zero-tolerance policy; how to report abuse; their right to call the TX DJJ abuse hotline privately; etc.

As previously mentioned, JDOs facilitate a weekly PREA group to which all youth are encouraged to attend. Youth interviews, the ongoing education group, training records, and the accessibility of the juvenile handbook, allows the auditor to conclude the program is in compliance with this PREA provision.

Standard 115.334: Specialized training: Investigations

115.334 (a)

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Agency Policy AS-217B “Conducting Administrative Investigations”
- Agency Policy AS-401 “Staff Training and Development”
- Specialized Investigator Training (2-day training) records confirming PREA investigators have received specialized investigation training (12/02/2020 and 12/09/2020)
- TX Department of Juvenile Justice policy titled, “Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment”
- Review of the NIC online Specialized Investigations curriculum
- Interview with Internal Travis County PREA Investigators

Provision (a)

As previously mentioned, the Gardner-Betts facility is not responsible for conducting criminal sexual abuse investigations. The Travis County Sheriffs Office and TX DJJ are responsible for conducting these investigations and for ensuring investigators complete the required specialized training. However, Travis County Probation Department Accreditation and Compliance Officers are responsible for conducting internal administrative investigations. All Travis County internal investigators have been formally trained on conducting sexual abuse investigations. The four investigators most often assigned to conduct PREA investigations at the Gardner-Betts facility, have completed the National Institute of Corrections online course entitled, "PREA: Investigating Sexual Abuse in a Confinement Setting."

In addition, in September 2020, a total of 22 Travis County staff participated in a two-day (16 hours) PREA Specialized Investigator Training through the PREA Resource Center. Among the topics covered included PREA investigative standards; first responder and evidence collection; understanding trauma; conducting interviews (victim, perpetrator, and witnesses); addressing sexual harassment; and writing a comprehensive investigation report, to name a few. The auditor reviewed the training roster to verify training completion (particularly for the four main investigators assigned to the Gardner-Betts facility). Interviews with investigators verified they attended the two-day training. All criminal investigations are handled by the Travis County Sheriff's Office.

The agency has several policies and documents requiring specialized training for investigators. The agency Policy AS-217B (page 2) requires, *"Designated investigators will receive specialized training on how to conduct sexual abuse and sexual harassment investigations in facilities / confinement settings. Documented training will include: 1. techniques for interviewing juvenile sexual abuse victims; 2. sexual abuse evidence collection in confinement settings; 3. criteria and evidence required to substantiate a case for administrative action; and 4. criteria and evidence required to substantiate a case for prosecution referral."* In addition, the document titled, "Referrals of Allegations for Investigations" which is posted on the Travis County website [Juvenile Court \(traviscountytexas.gov\)](http://traviscountytexas.gov) states, *"The Department will ensure a specially-trained investigator conducts an administrative investigation into the allegation. The Department will ensure that any administrative investigation does not interfere with the TCSO or TJJD investigation. The Department will take any remedial action upon the findings that the allegation was founded."* The auditor verified the link to the document referenced is in working order.

Provision (b)

The agency Policy AS-217B "Conducting Administrative Investigations" (page 2) defines the specialized training required of PREA investigators who conduct administrative investigations. The policy states, *"Investigators will receive specialized training in topics to include: 1. Actions that constitute abuse, neglect and exploitation; 2. Proper use of Miranda and Garrity warnings; 3. Evidence collection and review; 4. Document review and interpretation; 5. Interviewing techniques; and 6. Preparation of investigative reports."* In addition, this same policy states *"Designated investigators will receive specialized training on how to conduct sexual abuse and sexual harassment investigations in facilities / confinement settings. Documented training will include: 1. techniques for interviewing juvenile sexual abuse victims; 2. sexual abuse evidence collection in confinement settings; 3. criteria and evidence*

required to substantiate a case for administrative action; and 4. criteria and evidence required to substantiate a case for prosecution referral.

Interviews with internal PREA Investigators verified they understand the nuances of interviewing juvenile sexual abuse victims, the use of Miranda and Garrity warning, evidence collection, and preponderance of evidence criteria used for substantiation. The auditor also reviewed the specialized training materials as additional evidence of compliance with this PREA provision.

Provision (c)

As previously mentioned, the auditor reviewed training records from the two-day specialized investigation training provided by the PRC. These records verified all internal investigators leading administrative investigations related to PREA, have been sufficiently trained on the required topics.

Provision (d)

The state of Texas Department of Juvenile Justice (TX DJJ) must demonstrate compliance with federal DOJ PREA standards. The TX DJJ policy titled, “Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment” specifically requires specialized training for their investigators. More specifically, the policy states: “(A) TJJD staff members who investigate allegations of sexual abuse receive specialized training that includes: (i) techniques for interviewing juvenile sexual abuse victims; (ii) proper use of Miranda and Garrity warnings; (iii) sexual abuse evidence collection in confinement settings; and (iv) criteria and evidence required to substantiate a case for administrative action or prosecution referral. (B) TJJD maintains documentation that such training has been completed.”

Review of all evidence and due to the fact that Travis County requires ongoing training in specialized investigations, allows the auditor to determine the facility has “exceeded” this PREA standard.

Standard 115.335: Specialized training: Medical and mental health care

115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☐ Yes ☐ No ☒ NA

115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
☒ Yes ☐ No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-401 “Staff Training and Development”
- Copy of the clinician’s Master of Social Work degree
- Sample of training records and signed acknowledgment forms verifying Nurses and the Clinician received and understood PREA training
- Interview with Administrative Services Senior Director (human resources)
- Interview with Medical Director/Head Nurse
- Interview with random sample of facility nurses
- Interview with Gardner-Betts Clinician

Provision (a)

A review of training records verified all facility Nurses and the facility Clinician have completed the agency PREA training. As previously described in Standard 115.331, this training includes information about how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and how and to whom report allegations or suspicions of sexual abuse and sexual harassment. In addition, interviews with medical staff and the mental health clinician verified they have received specialized training in these areas as part of their academic degree and credentialing processes.

In support of PREA requirement outlined in this standard, the agency Policy AS-401 “Staff Training and Development” (page 10-11) states, *“In addition to the topics listed in Subsection F 4. above, the Department requires the staff assigned to facilities to have training on PREA information (sexual abuse, assault and harassment) during orientation and on an annual basis. Training includes, but is not limited to: a. The Department’s zero-tolerance policy for sexual abuse and sexual harassment; b. Fulfilling the responsibilities under the Department’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; c. Residents’ right to be free from sexual abuse and sexual harassment; d. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; e. Dynamics of sexual abuse and sexual harassment in juvenile facilities; f. Common reactions of juvenile victims of sexual abuse and sexual harassment; g. Detecting and responding to signs of threatened and actual sexual abuse and distinguishing between consensual sexual contact and sexual abuse between residents; h. Avoiding inappropriate relationships with residents; i. Communicating effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and j. Complying with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and k. Relevant laws regarding the applicable age of consent. l. Certified officers shall be trained on conducting searches of transgender and intersex residents in a professional and respectful manner in the least intrusive manner possible that is consistent with security needs”*

In support of this standard, the agency Policy AS-401 “Staff Training and Development” (page 9) states, *“All professional specialists must receive a total of 160 hours of training in the first year of employment. Every calendar year thereafter, each employee in this category must receive 40 hours of training to include the Department’s mandatory training topics....Detention Services Division: Professional specialists working with Detention must have training on the topics listed for the juvenile care workers. 2. All professional specialists that are medical or mental health staff shall have training on the following: i. How to detect and assess signs of sexual abuse and sexual harassment; ii. How to preserve physical evidence of sexual abuse; iii. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and iv. Additional PREA training topics as outlined in Subsection F 5. below.”*

Provision (b)

The facility does not conduct any forensic evaluations. In the event a youth alleges sexual abuse, the victim would be taken to the local hospital to be examined by a certified SANE. Several attempts were made by

the PCM and PREA auditor to interview the SANE Manager. All email and phone messages were not returned. Since Nurses employed by Travis County and who work at the Gardner-Betts facility do not conduct forensic examinations this provision can be considered Not Applicable (N/A).

Provision (c)

Interviews with the Administrative Services Senior Director (human resources) verified the agency requires credentialed staff to keep up to date on their licensing requirements. An interview with the Medical Director/Head Nurse verified she is responsible for ensuring the 16 RNs complete their required CEUs needed to maintain their license. During annual performance appraisals, the Medical Director/Head Nurse reviews this information. Up-to-date licenses/certifications are submitted to the Travis County Probation Department Human Resources unit for placement in staff files. The auditor reviewed the Clinician and a sample of RN licenses, and all were up to date.

To support this practice, the agency Policy AS-401 “Staff Training and Development” (page 12) directs, “Training and certification records are updated and maintained on file by the Training Unit.”

Provision (d)

A review of training records verified all facility Nurses and the facility Clinician have completed the agency PREA training.

All evidence reviewed (i.e., policies, documents, staff interviews, training records, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

115.341 (a)

- Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No
- Does the agency also obtain this information periodically throughout a resident’s confinement? ☒ Yes ☐ No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No

- Is this information ascertained: During classification assessments? ☒ Yes ☐ No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy 5-DS-23 "Housing Classification"
- Policy AS-905 "Services for Victims of Sexual Abuse"
- Travis County Juvenile Probation Department Detention Housing Screening
- Youth file reviews verifying vulnerability assessments completed within 72 hours of intake
- Copies of a sample of completed vulnerability assessment instruments
- Interview with JDOs (direct care staff)
- Interviews with facility nurses who are responsible for conducting vulnerability assessments
- Interviews with youth
- Interview with PREA Compliance Manager
- Observations during facility tour that vulnerability information is accessible only to limited staff

Provision (a)

All Gardner-Betts youth are assessed for vulnerability risk the day they arrive to the program. Numerous information sources are reviewed by the Intake Worker, nurse, and the clinician to determine the level of risk. Among these documents are court and legal documents, previous treatment reports, and medical records, to name a few. Within 24 hours of the youth arriving, a facility nurse meets with youth to conduct an assessment of the youth's physical health. At this time, the nurse also gathers information from youth and referral documents to complete the "Travis County Juvenile Probation Department Detention Housing Screening" tool. This instrument assessing specific factors associated with risk to be sexually victimized and/or perpetrate (see provision (c) for more information). The auditor reviewed 25 youth files (8 current

and 17 discharged youth) and verified a vulnerability assessment was completed well within 72 hours of arrival. Interviews with facility nurses verified this assessment process is fully institutionalized.

In support of DOJ PREA expectations, the agency has a policy AS-905 “Services for Victims of Sexual Abuse” which states, *“during the facilities’ intake process and before being placed on a housing unit, all juveniles will be screened for prior sexual victimization or sexual abusiveness.”* In addition, the Gardner-Betts facility has a Policy 5-DS-23 “Housing Classification” (page 2) which directs, *“Within the first two (2) hours of admission and prior to any program or room assignment, JDOs will review the Behavioral Screening (housing screener) to determine potential vulnerabilities or tendencies for acting out with sexually aggressive or assaultive behavior....The housing screener will be reviewed periodically throughout a juvenile’s stay at the facility and will be documented in the juvenile’s file.”*

Provision (b)

Review of the “Travis County Juvenile Probation Department Detention Housing Screening” tool verifies the instrument is objective and includes structured questions specific to vulnerability risk.

Provision (c)

Review of the Travis County Juvenile Probation Department Detention Housing Screening tool verified that key variables associated with risk for sexual perpetration and/or victimization are explored using an objective method. More specifically, the tool asks whether youth have ever had a sexual experience they did not want; ever been arrested on a sexual offense; ever engaged in behavior that may be considered sexually aggressive; whether they make friends easily; whether they feel at risk from attack or abuse from other youth, etc. The screening tool also requires the person completing the instrument to document observations of intellectual or developmental disabilities, mental disabilities, cognitive or emotional issues, as well as physical appearance (i.e., smaller build, non-gender conforming, etc.), to name a few. The vulnerability assessment requires the screener to make a determination using three options: Vulnerable to Victimization; Sexually Aggressive; or None.

As previously mentioned, facility nurses are responsible for completing the vulnerability risk screening tool at intake. Interviews with a sample of nurses and the Medical Director/Head Nurse, review of the risk screening tool, and youth file reviews provides sufficient evidence for compliance with this standard provision.

Provision (d)

The vulnerability risk tool requires the screener to use other sources to corroborate youth testimony regarding previous history of sexualized behavior (adjudicated or non-adjudicated) and/or history of sexualized aggression or sexual assault. Interviews with nurses revealed that information is obtained through an interview with the youth as well as reviewing other information sources/documents. While onsite, a nurse explained this corroboration process and provided an example of a youth verbally reporting they were not a victim or perpetrator of sexual abuse and the nurse having to change the answer on the instrument because there was sufficient evidence that the youth had a history (i.e., substantiated allegations or criminal charges) of perpetration of sexual abuse.

Provision (e)

Completed vulnerability tools are stored in hardcopy in the youth's medical records which are kept locked in the nursing office in the intake building (and to which only medical staff have access). The nurse/screener provides only the last page of the assessment to the JDO responsible for making the housing placement and programming decisions. The JDOs do not see the specific history of youth but rather, are provided the minimal information needed (i.e., youth is aggressive/assaultive; sexually inappropriate; medical issues; etc.). Interviews with nursing staff verified this process is fully institutionalized. Additionally, interviews with JDOs (direct care staff) provided evidence that they only have access to the final page of the vulnerability tool, not the detailed information gathered during the assessment. In addition, direct care staff interviews verified they are required to uphold confidentiality and follow strict guidelines regarding protecting client information.

To further support this provision, the agency Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (page 5) states, *"The needs of each resident in the facility will be reviewed to ensure appropriate housing, programming, education and potential work assignments are made based on risk of vulnerability or likelihood to exploit or victimize others. 1. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments."*

Therefore, review of all evidence allows the auditor concludes the Gardner-Betts facility in compliance on this PREA standard.

Standard 115.342: Use of screening information

115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all resident's safe can be arranged? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? ☒ Yes ☐ No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? ☒ Yes ☐ No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- Do residents also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive? ☒ Yes ☐ No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or

female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?
☒ Yes ☐ No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
☒ Yes ☐ No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) ☐ Yes ☐ No ☒ NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) ☐ Yes ☐ No ☒ NA

115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Policy AS-1203 “LGBTQI Juveniles”
- Policy 4-DS-11 “First Responder Duties”
- Policy 5-DS-23 “Housing Classification”
- Policy 10-DS-8 “Room Isolation/Confinement”
- Review of a sample of completed vulnerability assessments
- Interview with the Director of Detention Services
- Interview with PREA Compliance Manager
- Interview with facility nurses who are responsible for conducting vulnerability risk assessment
- Interviews with JDOs (direct care staff) responsible for placing youth based on vulnerability risk information
- Interviews with staff who supervise youth 1:1

Provision (a)

In support of PREA expectations, the agency Policy 5-DS-23 “Housing Classification” (pages 2 and 3) require JDOs (direct care staff) to make housing assignments “....after considering the following issues and utilizing the Housing Levels guide: 1. Sex 2. Age 3. Physical size/stature 4. Current charge(s)/offense history 5. Mental/Physical disabilities 6. Medical Status 7. Current state of mind 8. Current behavior 9. History of Behavior in the facility 10. Level of emotional and cognitive development 11. Intellectual or developmental disabilities 12. Sexual orientation 13. Siblings, relatives or close friends who are already detained; 14. Known or alleged gang affiliations 15. Enemies of record 16. Alleged co-perpetrators (partners in the alleged crime) 17. Likelihood of being exploited/victimized by other juveniles 115.342 (a)-1 18. Prior history of sexual victimization or abuse 19. Identification as a predator who exploits/victimizes other juveniles 20. Escape Risk or returned to the facility from escape 21. Administrative Segregation or Room Confinement 22. Court ordered housing assignment” However, interviews with JDO’s (direct care staff) indicate not all information from the vulnerability assessment is used in making housing and programming decisions. DOJ PREA standard 115.342 requires ALL information from the vulnerability tool be used to inform placement decisions. JDO staff consistently reported they do receive minimal information (i.e., if youth is sexually aggressive or physically assaultive) but that placement decisions are based on age and classification (type of offense). In addition, review of a sample of completed vulnerability tools indicated information considered in making these decisions are not documented (and/or considered). Furthermore, JDOs responsible for placement decisions stated they do not always receive the vulnerability assessment information from the nurses prior to placing the youth on a unit. The program will be required to create a process for ensuring there is a clear process in place

for documenting that all required factors are considered during the corrective action period (see the “Corrective Action” section in this section for more information).

The facility Policy 5-DS-23 “Housing Classification” provides additional evidence that placement decisions do not take into account all of the factors required by PREA standards and that placement may be determined based solely on gender of the unit and classification (offense type). Specifically, Policy 5-DS-23 “Housing Classification policy” (pages 3) states: *“Unit A: A secure unit utilized as a disciplinary unit for female juveniles. Unit A may also house female juveniles who are in the general population. Female juveniles who should be assigned to Unit A are characterized by the following: a. Assaultive behavior b. Possible predatory behavior c. Charged with a serious offense d. Large in stature e. More mature f. Escape risk and/or returned to detention from escape g. Continually disruptive h. Administratively Segregated or in Room Confinement.” Units B (females), Unit C (males), Unit G, and Unit H are for general population youth. The facility also has several units that are currently used as disciplinary units equipped with secure rooms designed for segregation or room confinement. There are five other units that can be used for disciplinary or general population for males or females.”* As previously stated, the facility will be required to address this issue to better align with PREA standards.

Provision (b)

Interviews revealed the program does not use traditional isolation. Interviews with JDOs, facility managers, and youth confirmed the facility does not use traditional isolation cells. If a youth exhibits severe negative behavior and is a safety risk to other youth, the youth may be placed on one-on-one supervision on an empty living unit. The youth would be separated from the group only for as long as needed to stabilize behavior. During this time the youth would have full access to the dayroom, his/her sleeping quarters, daily exercise, education programming, and treatment related services offered by the facility. The youth would not be in a locked cell. Interviews with nurses indicate they are required to check in with youth who are separated from the group once per shift. There was one youth currently at the Gardner-Betts facility who had been separated from the group for behavior reasons. When interviewed he confirmed he had access to all the regular facility programming.

In support of PREA expectations outlined in this provision, the facility has several policies that speak to isolation. Policy 4-DS-11 “First Responder Duties” (page 3) directs, *“The Director or designee will ensure that protective custody is used as a last resort and only when other less restrictive measures are inadequate to protect the juvenile.”* Additionally, facility Policy 10-DS-8 “Room Isolation/Confinement” (page 5-6) states:

“Protective isolation may only be used as a last resort when a juvenile is physically threatened by a juvenile or a group of juveniles, and less restrictive measures are inadequate to keep the juvenile safe. 1. The decision to place a juvenile on protective isolation will be approved in writing by the Director or designee. 2. Protective isolation may only be used until alternative means for keeping the juvenile safe can be arranged. 3. Juveniles on protective isolation will be afforded living conditions and privileges approximating those available to juveniles in the general population except when justified by clear evidence that the juvenile’s safety is at risk. While on protective isolation, the juvenile will: a. receive all legally required educational programming and daily large muscle exercise; b. receive daily visits from medical or mental health care staff; and c. have

access to other programs and services to the extent possible. 4. The decision to place a juvenile on protective isolation will be approved in writing by the Director or designee 5. If the protective isolation of a juvenile exceeds 24 hours, the Director or designee will: a. immediately conduct a documented review of the circumstances surrounding the level of threat faced by the juvenile; b. make a determination about whether less restrictive protective measures are appropriate and available; document why no alternative means of separation can be arranged if the review indicates that continued protective isolation is appropriate; and d. if continued protective isolation is approved, ensure that the formalized written review document includes an alternative service delivery plan to ensure the isolated juvenile is afforded all required programming during his or her period of protective isolation. 6. Documentation of the threat faced by the juvenile and the reason(s) why no alternative means of separation can be arranged will be maintained in the juvenile's file"

Provision (c)

Staff interviews verified the facility does not assign LGBTQI youth to a particular housing unit based solely on their gender identity. In support of this provision, agency Policy AS-1203 "LGBTQI Juveniles" (page 4) specifically directs, *"A screener will be used to determine appropriate housing and program assignments in facilities. LGBTQI juveniles will not be placed in particular housing, bed, or other assignments solely on the basis of identification or status."* In addition, this same policy (page 5) states, *"LGBTQI identification or status will not be considered an indicator or likelihood of being sexually abusive."*

Provision (d)

Interviews with facility managers and JDOs provides evidence that housing and programming decisions for transgender and intersex youth are made on a case-by-case basis. More specifically, the Gardner Betts facility superintendent (Director of Detention Services) provided an example of a transgendered female who felt more comfortable programming with female residents. To accommodate this preference, the youth would join the female unit for daily programming but sleep in their individual bedroom on the male unit. To make the transgendered female more comfortable the youth would enter the male unit after all youth were in their bedrooms for the night and would be the first youth up in the morning so she could be transported to the female unit for the day. Interviews with the Director of Detention Services and JDOs (direct care staff) verified the practice of considering youth's preference regarding placement within the facility is in place.

Provision (e)

PREA standards require specific practices when working with transgendered and intersex youth. Standard 115.342 (e) requires: *"placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by resident."* Although the Gardner-Betts facility is a short-term program with a length of stay of approximately 18 days, the agency has policy language that supports this provision. More specifically, agency Policy AS-1203 LGBTQI (page 6) states, *"Placement and programming assignments for each transgender or intersex juvenile will be reassessed at least twice each year to review any threats to safety experienced by*

the resident.” Interviews with nurses and facility managers verified there have been no transgender or intersex youth who have been at the facility for a year, and therefore, they have not had to conduct a formal reassessment of vulnerability. That said, the facility Clinician and other facility managers reported that clinical staff and managers routinely check in with these youth to see if they feel safe and comfortable and to inquire if there are any concerns throughout the youth’s stay.

Provision (f)

PREA standard 115.342 (f) requires a transgender or intersex resident’s own view with respect to his own safety be given serious consideration. Interviews with the Director of Detention Services, PCM, facility nurses who conduct vulnerability risk assessments, and JDOs who are responsible for placing youth in residential living units based on the risk information verified that a youth’s own safety is considered when making placement and programming decisions. In addition, a review of the vulnerability risk instrument confirmed there are several questions that gather this information including but not limited to: *“Do you feel OK being with groups of people you don’t know well?”*

Interviews with nurses, JDOs, and facility managers confirmed that a youth’s safety is seriously considered when making placement decisions. In support of this, agency Policy AS-1203 “LGBTQI Juveniles” (page 5) states, *“Staff will ask if the juvenile has particular concerns or needs related to being LGBTQI. Staff will sensitively inquire about fears the juvenile may have of being harassed in the facility.... Serious consideration will be given to each transgender or intersex juvenile’s own view of his or her safety.”*

Provision (g)

As previously explained, all residential living units have a bathroom with a shower and toilet that is secured by a closed door. All youth shower separately and have privacy when doing so. Some units also have a wet room in the youth’s individual sleeping quarters. When youth use the restroom inside their room staff are required to place a paper shield over the window for privacy. Interviews with youth confirmed they have privacy when showering, using the toilet, and changing their clothes.

To support this provision, the agency Policy AS-1203 “LGBTQI Juveniles” (page 6) states, *“While housed in facilities, transgender and intersex juveniles will have the opportunity to disrobe, shower, and dress apart from other juveniles. Accommodations will be provided in a sensitive manner.”*

Provision (h)

Interviews with JDOs, facility managers, and youth confirmed the facility does not use traditional isolation cells. If a youth exhibits severe negative behavior that threatens the safety of other youth, the youth may be placed on one-on-one supervision on an empty living unit. The youth would be separated from the group only for as long as needed to stabilize behavior. During this time the youth would have full access to the dayroom, his/her sleeping quarters, daily exercise, education programming, and treatment related services offered by the facility. The youth would not be in a locked cell.

In support of this PREA provision the agency Policy 10-DS-8 “Room Isolation/Confinement” directs, *“If the protective isolation of a juvenile exceeds 24 hours, the Director or designee will: a. immediately conduct a documented review of the circumstances surrounding the level of threat faced by the juvenile; b. make a determination about whether less restrictive protective measures are appropriate and available; document why no alternative means of separation can be arranged if the review indicates that continued protective isolation is appropriate; and d. if continued protective isolation is approved, ensure that the formalized written review document includes an alternative service delivery plan to ensure the isolated juvenile is afforded all required programming during his or her period of protective isolation. 6. Documentation of the threat faced by the juvenile and the reason(s) why no alternative means of separation can be arranged will be maintained in the juvenile’s file”*

Provision (i)

As described in the provision (h) the program does not use traditional isolation. The facility may use protective isolation as per Policy 10-DS-8 “Room Isolation/Confinement,” although if there is a need to have youth isolated beyond 24 hours an assessment must be made as to the continued need for the separation; document that no alternative means to establish safety exists; etc. Staff interviews revealed the facility has not yet had to separate a youth from the group for any reason for 30 or more days.

Corrective Actions

342 (a)

- The facility is required to create a system for ensuring information from the vulnerability risk assessment is provided to JDOs and Supervisors to make informed placement and programming decisions. To demonstrate compliance, the program is encouraged to revise the existing vulnerability tool to include a section that allows the JDO to explain the factors considered when making the unit and room placement decision. This information should also be used to make programmatic decisions at intake. The program may consider creating a Tips Sheet with a list of these factors to ensure consistency in documenting the factors considered.
- Once the tool is revised the facility will be required to train individuals responsible for placement decisions on the new process/expectations. This can be done in a staff meeting. The program will submit a description of this training, the training roster demonstrating all JDOs, Leads, and Supervisors completed the training, and a sample of completed vulnerability tools for new intakes (over the next few months).

Additional Evidence Reviewed During CAP

- Standard Operating Procedures (Subject: Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards”
- Travis County Probation Department Detention Housing Screening (revised)
- Training records verifying all required staff were formally trained on the revised housing screening form (i.e., JDOs, Shift Leads, and Shift Supervisors)

- Training records verifying all Medical staff received the training related to standards 115.342, 115.382, and 115.383

During the corrective action period, the Travis County Juvenile Probation Department created Standard Operating Procedures (SOP) for addressing the *“Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards.”* This document was submitted to the auditor for review. The SOP provides clear guidance on the purpose of the SOP, requirements, definitions, and procedures. More specifically the SOP directs Medical staff to:

1. *Administer the Housing Screener to all juveniles that are to be detained in Detention Services.*
 - a. *If a juvenile identifies as gay, lesbian, bisexual, transgender, or questioning, Health Care Staff must check the box, “Vulnerable to Victimization”.*
 - b. *If a juvenile prefers to be searched by staff of the opposite sex of the juvenile’s birth sex, it must be notated on page 1 and 2 of the Housing Screener.*
 - c. *If a juvenile responds “yes” to question 7, they must be offered a follow up meeting with a counselor and their response is to be documented directly below the question. If a referral is requested by the juvenile, the recipient of the referral and method of communication must be noted on the Housing Screener.*
 - d. *If a juvenile responds “yes” to question 17, they must be offered a follow up meeting with a counselor and their response is to be documented directly below the question. If a referral is requested by the juvenile, the recipient of the referral and method of communication must be noted on the Housing Screener.*
2. *Provide both pages to the Juvenile Detention Officer who will be processing the juvenile into Detention Services. The JDO will ensure that sensitive information is only used to assist in making a housing determination and not exploited to the resident’s detriment by staff or other residents.*

In addition, the new SOP puts forth the requirements:

- a. *Juvenile Detention Officer conducting the orientation and intake into Detention Services will review information on the Housing Screener to assist with housing assignment.*
- b. *If the juvenile is requesting a cross gender pat down the JDO will notify the Facility Administrator to see if an MDT will be requested. The JDO will mark the appropriate box on the Housing Screener to indicate if an MDT was requested or not.*
- c. *If the juvenile has a requested pronoun other than that of their birth sex, this will be communicated by the JDO to appropriate Detention staff.*
- d. *After completion of the housing assignment, the JDO will place page 1 of the Housing Screener in the juvenile’s blue folder and page 2 will go into the juvenile’s green folder.*

To ensure the policy is clear to staff and compliant with PREA standards, during the corrective action period the Travis County added specific definitions for “green” and “blue” folders. The policy now describes:

1. *Green Folder:* *A juvenile’s Unit Folder that is stored in the staff office on their respective unit with no access to other juveniles. It includes the following documents: record of phone calls,*

behavioral observation sheets, and incoming/outgoing mail. It may also include other information that may change or be updated on a day-to-day basis.

2. ***Blue Folder:** A juvenile's Case File that is stored in a locked and secure cabinet in the Public Day Area (PDA). It includes the following documents: referral data summary, arrest sheet, case history, and property sheet. It may also include other pertinent confidential information.*

During the corrective action period, Travis County revised the Detention Housing Screening form to better capture how the facility is using vulnerability risk information to make housing and programming decisions. More specifically, the revised form now requires the person conducting the assessment to document the youth's preference by whom they wish to be searched (if they identify as transgender or intersex) which is also related to PREA standard 115.315.

To further demonstrate full compliance, the facility trained all JDOS (several trainings provided in January 2022), Shift Leads and Supervisors on the revised screening form and the procedure for using the information to place youth appropriately within the facility. These training records were submitted to the auditor. The auditor verified all appropriate staff members completed the training on the revised form and SOP.

In addition, during the corrective action period all medical staff were trained on topics to address standards 115.342, 115.382, and 115.383. The training description was as follows: *"Training on the revised Housing Screener and the process of how it will be disseminated to detention staff...how the information on the housing screener [will] be used in placement decisions of residents. Health Care staff specific procedures for when a resident is a victim of sexually abusive vaginal penetration. Process for ensuring youth are offered timely information and access to emergency contraception, sexually transmitted infections prophylaxis information regarding pregnancy and pregnancy testing."* Training records were submitted to the auditor for review. The auditor concludes the facility is now in compliance with PREA standard 115.342.

REPORTING

Standard 115.351: Resident reporting

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? ☒ Yes ☐ No

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?
☒ Yes ☐ No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy 4-DS-11 “First Responder Duties”
- Policy AS-401 “Staff Training and Development”
- Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation”

- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Policy AS-903 “First Responder Duties”
- Travis County Juvenile Probation Department Detention Services Juvenile Handbook
- Travis County Juvenile Probation Department Resident Rights (read to youth at intake)
- Pamphlet for youth “A Teen’s Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities” (published by Texas Juvenile Justice Department)
- “Travis County Grievance Review Form”
- Zero-tolerance/child abuse hotline number posters
- Interviews with JDOs (direct care staff)
- Interviews with youth including those who have filed a grievance (not PREA related)
- Interview with PREA Compliance Manager
- Facility audit tour observations
- Review of grievance tracking sheet
- Review of a sample of grievances (not PREA-related)

Provision (a)

The Travis County Gardner-Betts Juvenile Justice Center Program has multiple avenues by which residents can privately report sexual abuse, sexual harassment, or retaliation by other residents or staff. The Travis County Juvenile Probation Department Detention Services Juvenile Handbook clearly describes the grievance process (pages 6-7). More specifically the handbook states:

“If you feel like you have been treated unfairly by any staff member, please use the following process to resolve/solve your grievance. Talk to the on-duty staff or Unit Leader and try to solve your problem. • If you could not resolve the grievance by talking to staff, ask any staff member for a Grievance Form and pencil. Grievance Forms are also available in the day area. NOTE: Staff may ask you to wait for a more appropriate time to fill out grievances. • Fill out the form or request a staff member to help you. • Return the form and pencil to any staff member and the form will be taken to the Shift Supervisor. • If you don’t want anyone to read your grievance except a Shift Supervisor, you can ask to send the grievance directly to the Supervisor in a sealed envelope. • The Shift Supervisor will contact you within 3 working days for an initial decision. • If you are not happy with the decision of the Shift Supervisor, please ask to speak with the Detention Division Manager. • If you have an emergency grievance, you should ask to send the grievance directly to the Supervisor. An emergency grievance is when something is affecting your safety or health. For example, if you are not getting proper medical care or if you were being physically abused, you should submit an emergency grievance. • Staff will not give you restrictions or punish you for submitting a grievance.”

Interviews with youth verified all youth knew the various ways they could report and that reports of sexual abuse, sexual harassment, and retaliation could be made directly to outside entities. All youth interviewed articulated that if someone was harming them, they would tell a staff member, their lawyer or their parent/guardian. All youth also understood that s/he could write a written grievance using the facility’s grievance form and hand it in a sealed envelope to a staff member they trusted. Youth and staff both reported staff are not permitted to open the envelope but instead, are required to give the grievance to the

Shift Supervisor. The auditor observed posters hung up throughout the program displaying the TX DJJ abuse hotline number which nearly all youth referenced as one reporting option. Most youth understood they are able to file an anonymous grievance; that they could file a grievance on behalf of another resident; and that a family member or third party could file a grievance on the youth's behalf.

Detention Services Policy 4-DS-11 "First Responder Duties" supports expectations outlined in this PREA provision. More specifically, the policy (page 3) states, *"The Department will provide multiple ways to report allegations of sexual abuse and sexual harassment....Any juvenile wishing to make a report of abuse will be granted access to the necessary tools to make those reports. Tools may include, but are not limited to: 1. grievances or paper to document the complaint; 2. writing utensils; and 3. access to oversight agencies, such as Texas Juvenile Justice Department (TJJD), by phone or uncensored letters."* This same information also appears in agency Policy AS-903 "First Responder Duties."

Although there have been no allegations of sexual abuse or sexual harassment at the Gardner-Betts facility in the past 24 months, the auditor reviewed a sample of grievances (non-sexual) to provide information regarding the facility's response to issues raised by youth. The facility has a form titled, "Travis County Grievance Review Form" on which the Gardner-Betts Case Manager logs the information obtained during the "investigation;" the date youth was notified of the outcome; and action taken. The form also includes a space that asks whether the youth wishes to appeal the decision and requires the youth to sign and date they have received/discussed this information. The auditor also reviewed the Excel Grievance Tracking sheet which details the number of grievances, the type of grievance, the outcome/resolution, and whether there was an appeal to the grievance resolution. The auditor determined the facility has a clear process in place for addressing grievances and thoroughly investigating all concerns raised by residents.

Provision (b)

Detention Services Policy 4-DS-11 "First Responder Duties" supports expectations outlined in this PREA provision. More specifically, the policy (page 3) states, *"Any juvenile wishing to make a report of abuse will be granted access to the necessary tools to make those reports. Tools may include, but are not limited to: 1. grievances or paper to document the complaint; 2. writing utensils; and 3. access to oversight agencies, such as Texas Juvenile Justice Department (TJJD), by phone or uncensored letters."* This same information also appears in agency Policy AS-903 "First Responder Duties."

All youth interviewed articulated that if someone was harming them, they would tell a staff member or write a grievance. The majority of youth also referenced at least one external source they could contact if they did not feel safe confiding in Gardner-Betts staff. Most youth stated they would tell their parent/guardian or lawyer. Most youth knew they could call the TX DJJ abuse hotline and referenced that the contact information is located on posters displayed on the residential living units. This information can also be found in the Travis County Juvenile Probation Department Detention Services Juvenile Handbook, which is available to youth outside the staff office on the living units.

Youth also understood they have the right to privacy when making a report of abuse (calling the hotline number). Youth explained that staff would probably take them to an empty unit to make this call as needed and would observe youth but would not be within ear-shot. Staff interviews confirmed this would be the method to afford youth privacy when reporting.

The agency and facility have formal policies and documents supporting provisions in this standard. More specifically Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation” (pages 9-10) states, *“Signs reflecting the Department’s zero tolerance policy concerning the abuse of juveniles shall be prominently displayed in public areas as determined by the Chief or designee. Signs will include methods for juveniles to have unimpeded access to report allegations directly to TJJD.”* In addition, agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” (page 7) explains residents detained solely for civil immigration purposes will be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The contact information (telephone number and mailing address) for the US Department of Homeland Security and the Mexican Consulate are provided in the Travis County Juvenile Probation Department Detention Services Juvenile Handbook.

In addition, the Travis County Juvenile Probation Department Detention Services Juvenile Handbook (page 5) clearly explains a youth’s right to report the abuse via phone and provides the phone numbers for the Texas Juvenile Justice Department and the Texas Department of Family and Protective Services abuse hotline. There is also a description of SafePlace (now Safe Alliance) which is the local community advocacy center. The description in the handbook includes an explanation that the *“SafePlace hotline can give you emotional support and access to counseling, so you can begin to heal from the trauma of sexual abuse. The hotline crisis intervention specialists are staff and volunteers trained to handle calls from sexual abuse survivors. This hotline features a relay/VRS for the Deaf community, Spanish-speaking advocates and can use interpretation services to respond to callers who speak other languages.”* The SafePlace hotline number (#512-267-7233) and mailing address (Safe Alliance, PO Box 19454, Austin, TX 78760) are provided.

Provision (c)

The agency has several policies supporting expectations laid out in this provision. Specifically, agency Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation” (page 3) states, *“Allegations will be accepted verbally or in writing from juveniles, parents / guardians, a third party or a private or anonymous source. There are no time limits for reporting allegations.”* This same policy (page 7) also declares, *“If an ANE allegation is received from an anonymous source, TJJD, or any outside agency or entity, the staff member receiving the information will follow the steps outlined in C (1-3) of this policy to make the required notifications and reports.”*

Similar information related to third-party and anonymous reports appear in agency Policy AS-903 “First Responder Duties” (page 3). More specifically, agency Policy AS-903 “First Responder Duties” (page 3 and 4) states, *“Juveniles may have third parties file an allegation on their behalf. For those situations, requests may be received from: 115.351 (c)-1 a. Fellow juveniles; b. Staff members; c. Family members; d. Attorneys; e. Outside advocates; and / or f. Oversight agencies (such as TJJD or DSHS).”* This policy also states *“Staff shall accept reports made verbally and in writing from juveniles, parents / guardians and third parties. Private and /or anonymous reports will also be accepted.”*

The Gardner-Betts facility also has policy language supporting third-party reporting. More specifically, facility Policy 4-DS-11 “First Responder Duties” (page 3) directs, *“Staff shall accept reports made*

verbally and in writing from juveniles, parents / guardians and third parties. Private and / or anonymous reports will also be accepted."

All staff and youth interviewed verified that staff are mandatory reporters and are required to report all allegations including third-party and anonymous reports.

Provision (d)

As previously described, all youth reported that s/he could write a written grievance using the facility's grievance form and handing the sealed envelope to a staff member they trusted. Youth and staff both reported staff are not permitted to open the envelope but instead, are required to give the grievance to the Shift Supervisor to open as soon as possible. This Shift Supervisor is then required to read the grievance and give the grievance to the facility's designated manager – the Case Worker Manager/Grievance Officer. Several agency policies support this standard provision. Specifically, agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 3) clearly states, *"Any juvenile wishing to make a report of abuse will be granted access to the necessary tools to make those reports. Resources may include, but are not limited to: 1. grievances or paper to document the complaint; 2. writing utensils; 3. reasonable access to confidential contact with attorneys and designated representatives of attorneys through telephone, uncensored letters and personal visits; and 4. access to oversight agencies and victim advocacy entities, such as TJJD, DSHS and SafePlace, by phone or uncensored letters."* This same language appears in agency Policy AS-903 "First Responder Duties." In addition, facility Policy 4-DS-11 "First Responder Duties" (page 3) directs, *"Any juvenile wishing to make a report of abuse will be granted access to the necessary tools to make those reports. Tools may include, but are not limited to: 1. grievances or paper to document the complaint; 2. writing utensils; and 3. access to oversight agencies, such as Texas Juvenile Justice Department (TJJD), by phone or uncensored letters."*

Staff and youth interviews confirmed that youth are provided with the tools necessary to make a written report. In addition, review of a sample of non-PREA related grievances provided evidence that residents understand how to make a written report using the grievance form.

Provision (e)

As previously mentioned, youth interviewed understood they have the right to privacy when making a report of abuse (calling the hotline number or writing a grievance that is in a sealed envelope). Youth explained that if s/he wanted to call the abuse hotline number, staff would transport them to an empty living unit to make this call. Youth explained that they would have privacy – staff would dial the phone and then observe them from afar (not within ear shot). Staff interviews verified this would be the method used to afford youth privacy when making an abuse reporting. Staff and youth also confirmed that written grievances are sealed and not read by JDOs (only Shift Supervisors and the Gardner-Betts Case Work Manager/Grievance Officer are permitted to read these grievances in private).

In support of this PREA expectation, agency Policy AS-903 "First Responder Duties" explains, *"Staff may report a complaint privately to an individual other than their direct supervisor if they believe that following the chain of command will jeopardize the confidentiality or integrity of the complaint."* The Travis County Juvenile Probation Department Resident Rights which are reviewed with youth at intake,

clearly states, “*You have the right to confidentiality when reporting incidents of abuse, neglect, or exploitation.*”

Standard 115.352: Exhaustion of administrative remedies

115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.
☐ Yes ☒ No ☐ NA

115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such

extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy 4-DS-11 "First Responder Duties"
- Policy 9-DS-4 "Juvenile Grievance Procedures"
- Policy AS-903 "First Responder Duties"
- Policy AS-904 "Corrective Action and Notifications"
- Travis County Juvenile Probation Department Detention Services Juvenile Handbook
- Travis County Juvenile Probation Department Resident Rights (read to youth at intake)
- Pamphlet for youth "A Teen's Guide to Reporting Abuse, Neglect, and Exploitation in Juvenile Justice Facilities" (published by Texas Juvenile Justice Department)
- "Travis County Grievance Review Form"

- Random sample of written grievances (non-PREA related)
- Grievance Excel Tracking Sheet and Charts
- Interviews with youth
- Interviews with Shift Supervisors
- Interview with JDOs (direct care staff)
- Interview with the Case Work Manager

Provision (a)

Youth can file a grievance at any time while at the Gardner-Betts facility and are not required to use an informal grievance process such as attempting to resolve the issue with the staff member who may be the subject of the grievance. The facility Policy 9-DS-4 “Juvenile Grievance Procedures” clearly states, *“Juveniles in Detention will be afforded a method of addressing complaints about their treatment and facility services through a formalized grievance process.”* Youth and staff interviews verified the facility has a formal grievance process in place. The process involves youth filling out the “Travis County Grievance Review Form” and placing it in a sealed envelope. Youth hand the envelope to a staff member of their choosing. JDOs are not permitted to open the grievance but are required to submit it to the Shift Supervisor as soon as possible. The Shift Supervisor is then required to give the grievance to the facility’s designated manager – the Case Work Manager/Grievance Officer for resolution and documentation. Interviews with youth and staff verified this process is fully operationalized. Although there have been no PREA-related grievances filed in the past 12 months, the auditor reviewed a sample of grievances to determine if the process meets other provisions in this standard. The grievance process is described in the in the Travis County Juvenile Probation Department Detention Services Juvenile Handbook and is explained to youth at intake.

Provision (b)

The Gardner-Betts facility has a formal grievance process in place. This process allows youth to file a grievance at any time while at the facility. The designated Case Work Manager/Grievance Officer is responsible for talking with youth and documenting the grievance resolution on the Travis County Grievance Form. In addition, the Case Work Manager logs each grievance in the Grievance Excel Tracking Sheet. Grievances are categorized (i.e., staff; point/level system; programming; facility; food services; and medical services) and grievance data is aggregated (and corresponding charts created) on a monthly basis. Staff and youth interviews verified all grievances are addressed in a timely fashion. In support of this provision, the facility Policy 4-DS-11 “First Responder Duties” and other agency policies state that all staff are mandated reporters, and all allegations of abuse are thoroughly investigated. In addition, this policy clearly states, *“The Department has a zero tolerance for sexual abuse or sexual harassment. Any staff with reason to believe a juvenile is a victim of sexual abuse or sexual harassment will take immediate steps to protect the juvenile from further harm. All allegations of sexual abuse or sexual harassment will be taken seriously and responded to immediately.”*

Staff interviews confirmed there is no time limit on when a youth can submit a grievance and that the facility does not require youth to submit a grievance to the subject of the grievance. This is supported by facility Policy 4-DS-11 “First Responder Duties” (page 3) which includes the language: *“Any juvenile*

wishing to make a verbal report of abuse may tell any staff member without having to submit it to the staff member who is the subject of the complaint.”

Provision (c)

In support of this PREA provision, agency Policy AS-903 “First Responder Duties” (page 3) states, “*Any juvenile wishing to make a verbal report of abuse may tell any staff member without having to submit it to the staff member who is the subject of the complaint. c. Juveniles may report allegations anonymously by calling the 24 hour tollfree hotline established by TJJD or DSHS for licensed substance use programs.*” Facility Policy 4-DS-11 “First Responder Duties” (page 3) also includes language: “*Any juvenile wishing to make a verbal report of abuse may tell any staff member without having to submit it to the staff member who is the subject of the complaint.*” All youth interviewed verified they can submit a grievance to any staff member including submitting it directly to the Case Work Manager/Grievance Officer and/or the Facility Superintendent (Director of Detention Services).

Provision (d)

Although there have been no PREA-related grievances filed in the past 24 months, the auditor reviewed a sample of non-PREA related grievances (N=9) filed in 2021 to determine if grievances are addressed in a timely manner consistent with PREA expectations. All grievances reviewed were addressed in less than 48 hours. The resolution was written on the grievance form; youth were offered an appeal (which was also documented on the form); and youth are required to sign and date the grievance form. This serves as sufficient documentation of compliance with this and other provisions in this standard. Evidence reviewed and interviews confirmed the facility responds rapidly to grievances and exceeds the PREA of 90 days.

In support of this provision, the facility Policy 9-DS-4 “Juvenile Grievance Procedures” (page 2) states, “*the Grievance Officer will review his/her resolution of the grievance with the aggrieved juvenile and provide the juvenile a written response within 5 days of receiving the grievance.*”

Provision (e)

Facility Policy 4-DS-11 “First Responder Duties” (page 3) states “*Juveniles may have third parties file an allegation on their behalf. For those situations, requests may be received from: a. Fellow juveniles; b. Staff members; c. Family members; d. Attorneys; e. Outside advocates; and /or f. Oversight agencies (such as TJJD)*” All youth interviewed stated they understood that a family member or staff member could assist them in filing a grievance. Similarly, all staff confirmed they would assist youth with writing a grievance upon request (and many stated they would offer this option to youth).

Provision (f)

Facility Policy 4-DS-11 “First Responder Duties (page 4) supports this provision. Specifically, the policy states, “*When a staff learns that a juvenile is at risk of sexual abuse, he or she will take appropriate steps to protect the juvenile immediately, but no later than 48 hours. The initial information will be reviewed and remedial steps for protecting the juvenile will be made in the event of a serious and credible threat or legitimate fear from the juvenile. 2. Information reviewed about the threat may include the specific type of risk, the credibility of the information, the juvenile’s housing and program assignment and previous*

victimization or risk of victimization. 3. Based on the initial information, the Chief Juvenile Probation Officer (Chief) or designee may initiate an internal investigation. 4. After the review, corrective action may be taken and documented accordingly. Actions may include, but are not limited to: a. Separating the potential victim from the source of the threat; b. Reclassifying the juvenile; c. Adding staff supervision; d. Reviewing of any specialized treatment or housing plans; and / or e. Implementing a safety plan. In addition, the facility Policy 9-DS-4 “Juvenile Grievance Procedures” (page 4) directs, “The Grievance Officer will review his/her resolution of the grievance with the aggrieved juvenile and provide the juvenile a written response within 5 days of receiving the grievance”

As previously mentioned, there have been no PREA-related grievances filed in the past 24 months. However, the auditor reviewed a sample of non-PREA related grievances (N=9) filed in 2021 to determine if grievances are addressed in a timely manner consistent with PREA expectations. All grievances reviewed were addressed in less than 48 hours. The resolution was written on the grievance form; youth were offered an appeal (which was also documented on the form); and youth were required to sign and date the grievance form. This serves as sufficient documentation of compliance with this provision which requires an initial facility response to emergency grievances within 48 hours and a final decision within five days. Staff and youth interviews verified grievances are taken seriously and handled immediately by the Case Work Manager/Grievance Officer.

Provision (g)

Agency Policy AS-904 “Corrective Action and Notifications” states, “For the purpose of disciplinary action, a report of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to support that the allegation was founded.” The Travis County Juvenile Probation Department Resident Rights is reviewed youth at intake and clearly states, “You have the right NOT to be punished or retaliated against for reporting incidents of abuse, neglect, or exploitation.” Youth interviews revealed all youth understood they would not be punished or retaliated against for making a report in good faith. Staff interviews also confirmed they understand retaliation is prohibited.

Standard 115.353: Resident access to outside confidential support services and legal representation

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy 4-DS-11 “First Responder Duties”
- Policy 12-DS-11 “Access to Telephones”
- Policy 12-DS-2 “Juvenile Visitation”
- Policy 12-DS-3 “Correspondence”
- Policy AS-905 “Services for Victims of Sexual Abuse”
- MOU between Travis County Juvenile Department and Safe Place – Travis County Domestic Violence and Sexual Assault Survival Center (executed July 2018)
- Travis County Juvenile Probation Department Detention Services Juvenile Handbook
- Travis County Juvenile Probation Department Resident Rights (read to youth at intake)
- Abuse Education for the Orientation Process
- Interviews with youth

- Interviews with intake staff
- Interviews with JDOs (direct care staff)

Provision (a)

The Gardner-Betts facility provides residents with access to outside victim advocates. Contact information (i.e., telephone number and mailing address) for Safe Alliance is provided in the Travis County Juvenile Probation Department Detention Services Juvenile Handbook.

In support of this PREA provision the agency's Policy AS-905 "Services for Victims of Sexual Abuse" requires youth have access to outside support services and legal representation. More specifically, the policy (page 4) states, *"Victims, whether they are still in the physical custody of the facility or not, are entitled to receive crisis intervention counseling and any subsequent counseling services."* This same policy also explains, *"Victim Advocate Services providing support, crisis intervention, information and additional referrals are available to all victims of sexual abuse. 1. If requested by the juvenile, a victim advocate or qualified individual from a community-based organization will accompany and support the juvenile through the forensic medical examination and investigatory interviews. 2. Current mailing addresses and telephone numbers of the local victim advocacy or rape crisis organizations will be made available. Information for state and national advocacy agencies will be made available as requested. 3. The Division Director / designee will facilitate reasonable communication between residents and support services as requested."* In further support of this provision, facility Policy 4-DS-11 "First Responder Duties" (page 8) states, *"Treatment and counseling staff will ensure the victim's mental health needs are addressed. a. The counselor will follow up with victim to see if any crisis intervention counseling services are needed. b. The counselor will assist the victim in accessing outside advocates as requested."*

Youth interviews revealed not all youth were aware of the emotional support services available to them if they are victims of sexual abuse. That said, the auditor noted Safe Alliance posters hanging throughout the facility, in addition to this information being provided in the Juvenile Handbook. This information is available to youth in several formats at intake and throughout their stay at the facility.

Provision (b)

Agency Policy "AS-905: Services for Victims of Sexual Abuse" states, *"to the extent allowable by local, state and federal law, communications will be private. Prior to the contact, the victim will be informed of the extent of the confidentiality or privilege allowed."* Staff interviews provided evidence that youth would be afforded privacy when receiving emotional support services.

Provision (c)

In support of provisions in this standard, the Travis County Juvenile Department has secured an executed Memorandum of Understanding (MOU) with a local victim advocacy center, Safe Alliance (formerly Safe Place). The MOU was executed in July 2018. The MOU provides details regarding the responsibilities of each party. For example the MOU states that Safe Alliance will provide victim support services seven days a week; complete specialized training regarding the prevalence and dynamics of sexual abuse while in custody; provide juveniles with referrals for treatment after release from custody or upon transfer to

another facility; provide a victim advocate upon request from the juvenile department or youth; allow the victim advocate to accompany and support the victim during the SANE exam and during investigatory interviews; etc. Interviews with facility managers verified that sexual abuse victims would be offered emotional support services. The auditor reviewed the MOU and determined the facility is in compliance on this provision.

Provision (d)

The agency and facility have several policies to support this provision. More specifically, agency Policy AS-905 (page 4) states, *“Juveniles in facilities have the right to call, send letters and receive visits from attorneys and parents / legal guardians as detailed in the facility’s communications policies.”* The facility Policy 5-DS-5 “Juvenile Supervision and Movement” also puts forth, *“Private visitation between one juvenile and his or her attorney, an authorized visitor, or clergy may occur without the constant physical presence of a JDO.”* In addition, facility Policy 12-DS-1 “Access to Telephone” directs, *“Juveniles will be provided reasonable phone access to their attorneys. Juveniles will not be in audible range of facility staff or other juveniles when making calls to their attorneys or their attorneys’ designated representatives.”* Similarly, facility Policy 12-DS-2 “Juvenile Visitation” (page 1) also requires, *“Juveniles will be allowed to visit with a parent, legal guardian or custodian at least once every seven (7) calendar days for at least 30 minutes.”*

Furthermore, facility Policy 12-DS-3 “Correspondence” (page 1) states, *“The Detention Facility recognizes the juveniles’ needs for and right to maintain contact with persons outside the Detention Facility and asserts that juveniles may do so with a reasonable degree of privacy.”* This same policy (page 3) also clarifies, *“The amount of mail a juvenile may receive or send is unlimited....Legal correspondence will not be limited...Legal Correspondence is never opened by JDOs....Juveniles are permitted to send sealed letters to specific persons and organizations, including but not limited to: 1. Courts 2. Lawyers 3. Officials of the Confining and Releasing Authorities. 4. Administrator of the Grievance System.”*

The Travis County Juvenile Probation Department Detention Services Juvenile Handbook also informs youth of these rights to privacy with their attorneys. In addition, the Travis County Juvenile Probation Department Resident Rights that is read to youth at intake clearly states, *“You have the right to confidential contact with legal counsel through telephone, uncensored letters, and personal visits at any reasonable time”* All youth interviewed verified they are permitted to talk with their attorneys. Staff interviewed explained how they provide privacy when a youth makes this call (process is explained earlier in other sections of this audit findings report).

The Travis County Juvenile Probation Department Resident Rights also states, *“You have the right to visitation with your parent/guardian and siblings.”* Youth interviews confirmed they are able to visit with their families in person and via telephone/video several times throughout the week and are afforded reasonable privacy when doing so.

Standard 115.354: Third-party reporting

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-901 “Reporting of Child Abuse Neglect and Exploitation”
- “End the Silence” pamphlet posted on the agency’s website ([Brochure_PREA_male_v2 \(traviscountytx.gov\)](http://www.traviscountytx.gov))
- “End the Silence” posters observed posted throughout the facility provides phone number for reporting abuse to the Texas Juvenile Probation Department

As described in other sections of this report, Travis County Probation Department and the Gardner-Betts facility have several policies requiring staff to take reports from third parties and requiring them to contact the necessary authorities (including TX DJJ). Agency Policy AS-901 “Reporting of Child Abuse Neglect and Exploitation” (page 3) requires, “*Allegations will be accepted verbally or in writing from juveniles, parents / guardians, a third party or a private or anonymous source. There are no time limits for reporting allegations.*”

The Travis County Probation Department makes third-partying reporting information available through the “End the Silence” pamphlet posted on the agency website (www.traviscountytx.gov). All direct care staff and facility leaders interviewed reported they are required to report all allegations of sexual abuse and sexual harassment to the appropriate authorities (i.e., supervisors, law enforcement, TX JJD, etc.).

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified? ☒ Yes ☐ No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) ☒ Yes ☐ No ☐ NA

- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-904 "Corrective Action and Notifications"
- Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation"
- Policy AS-217 "Administrative Investigations"
- Staff PREA Training (describing mandatory reporting duties and coordinated response activities)
- Sample of staff PREA training records
- Interviews with JDOs (direct care staff)
- Interview with PREA Compliance Manager
- Interview with Director of Detention Services
- Interview with the Case Work Manager
- Interview with Clinician
- Interview with facility Nurses
- Example investigation report (from 2019) showing proper notification was made and documented

Provision (a)

The state of Texas child abuse reporting laws requires individuals working with children, who have reasonable cause to believe that a child has been abused or neglected, to make a report to the TX Juvenile Justice Department. In support of this regulation, the Travis County Probation Department has several policies that clearly state all individuals who work at the Probation Department (including the Gardner-Betts facility) are mandatory reporters and that they are required to report allegations of sexual abuse immediately to the appropriate authorities. More specifically, agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 5) states, "*The staff will notify the law enforcement agency*

having criminal investigation jurisdiction of the allegation, which includes Travis County Sheriff's Department at the main campus and Austin Police Department and / or AISD Police Department at satellite office and program space." Similarly, the agency Policy AS-217 "Administrative Investigations" (page 4) directs any staff member *"...who feels that he or she is a victim of discrimination or harassment or has been subjected to retaliation should immediately report it to his or her immediate supervisor, Division Manager, Division Director, Assistant Chief; or HR personnel."*

Review of the staff PREA training verified mandatory reporting responsibilities are addressed as well as how to make these reports. Training records verified all staff have been formally trained on reporting requirements. Staff interviews verified all staff understand they are mandatory reporters and are obligated to report any knowledge, suspicion, or information regarding incidents of sexual abuse, sexual harassment, and/or retaliation.

Provision (b)

As previously stated, all staff interviewed understand mandatory reporters and the state of Texas expectation under child abuse reporting laws. In support of this provision the agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 4) states, *"In accordance with Texas Family Code 261.101, the duty to report cannot be delegated to another person. 115.361 (b)-1 a. The staff member who is the first person of knowledge shall report the information immediately, but no later than being relieved of duty on the same date he or she receives the information. b. The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, to include an attorney, a member of the clergy, a medical practitioner, a social worker, or a mental health professional."*

Provision (c)

The Gardner-Betts facility prohibits staff from revealing information related to a sexual abuse report to anyone other than the extent necessary to make decisions related to treatment, investigations, and safety and security. When interviewed, staff stated that they are not permitted to investigate the incident or to share detailed information with anyone about the allegation (only the minimal information to ensure youth and staff safety). Several staff stated they could be terminated for sharing details and breaking privacy expectations. In support of this practice, agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 4) states, *"The staff member will maintain confidentiality of all reports and notifications. a. Pertinent information will only be disclosed if needed to make treatment, investigation, and other security and management decisions."*

Provision (d)

Agency Policy AS-901 "Reporting of Child Abuse, Neglect, and Exploitation" (page 4) states, *"In accordance with Texas Family Code 261.101, the duty to report cannot be delegated to another person. The staff member who is the first person of knowledge shall report the information immediately...The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, to include an attorney, a member of the clergy, a medical*

practitioner, a social worker, or a mental health professional.” All medical and mental health staff understood their obligation to report sexual abuse.

In further support of this PREA provision, the agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” directs, *“Residents will be notified of the staff duty to report and the limitations of confidentiality when allegations of sexual abuse and sexual harassments are disclosed.”* All facility nurses and the Clinician verified they disclose their responsibilities as a mandatory report to youth prior to engaging youth in services. In addition, all youth interviewed knew about confidentiality and understood that staff’s duty as a mandatory reporter supersedes the confidentiality clause in situations of alleged sexual abuse.

Provision (e)

Provision (e) of this PREA standard requires the Program Director or designee to contact the alleged victim’s parents or legal guardians; case worker if youth is under the guardianship of the child welfare system; and youth’s attorney or legal representative within 14 days of receiving the allegation. Although the Gardner-Betts facility has not had an allegation of sexual abuse in the past 12 months, the program has a practice in place of making these notifications for all allegations of sexual harassment and/or sexual abuse. Staff interviews verified they are required to make these notifications and document them on the incident report. Specifically, Director of Detention Services explained that when an abuse report is made to the state, the Shift Supervisor is responsible for contacting the parent/legal guardian to alert them of the allegation and to what the facility is doing to ensure their child’s safety. The Director also explained the Shift Supervisor is also responsible for contacting the youth’s probation officer. He or his designee would consult with the agency’s General Counsel to determine who would inform the youth’s lawyer. The auditor also reviewed a sample investigation report from 2019 and supplemental documents to confirm these notifications are consistently made.

In support of this practice the agency Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation” (page 7) states, *“Within 72 hours of learning of the allegation, the Chief or designee will communicate the Department’s report to the Chief Juvenile Probation Officer, Facility Administrator or governing body of a department that placed the juvenile in a Travis County facility, program or on interim or permanent supervision. The Chief or designee will make the appropriate notifications of allegations of sexual abuse or sexual harassment. a. If the court retains jurisdiction over the juvenile, the juvenile’s attorney or other legal representative will be contacted within 14 days of the receipt of the allegation.”* Similarly, agency Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation” (page 9) directs that for Abuse, Neglect, and Exploitation (ANE) allegations occurring at a non-Department facility that *“Within 72 hours of learning of the ANE allegation, reports will be made to the facility head and /or the governing body of the jurisdiction where the allegation is alleged to have occurred.”*

Provision (f)

The agency Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation” (page 3) states, *“Upon observing or learning that a juvenile may be a victim of physical, mental, emotional or sexual abuse, neglect, exploitation, or sexual harassment (ANE), the staff will take immediate steps to report the allegation.”* This same policy also explains, *“If an ANE allegation is received from an anonymous source,*

TJJD, or any outside agency or entity, the staff member receiving the information will follow the steps outlined in C (1-3) of this policy to make the required notifications and reports.” As previously mentioned, all staff interviewed articulated that they are obligated to report all allegations abuse regardless of the source of the report (i.e., anonymous, third-party, etc.). Youth interviews also verified that the majority of youth understood they could make an anonymous report or have someone else make a report on their behalf including a staff member or family member.

All evidence reviewed (i.e., policies, documents, youth and staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

Standard 115.362: Agency protection duties

115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-901 “Reporting of Child Abuse, Neglect, and Exploitation”
- Policy AS-903 “First Responder Duties”
- Policy AS-217 “Administrative Investigations”
- Policy 4-DS-11 “First Responder Duties”
- Review of a sample investigation report (from 2019) and supplemental documents
- Interview with Interim Chief Juvenile Probation Officer
- Interview with Administrative Services Senior Director (human resources)
- Interview with PCM
- Interview with JDOs (direct care staff)

All Gardner-Betts staff interviewed verified they are formally trained on how to keep youth safe in the event they are at imminent risk for sexual abuse. Interviewees explained the process as taking the immediate action to separate the alleged perpetrator and victim. Interviews with facility leaders, PCM, and direct care staff confirmed that in the event a staff member was alleged to have sexually abused a youth, the staff member would be immediately escorted out of the facility and placed on administrative leave. This practice is supported by agency Policy AS-217 “Administrative Investigations” (page 2) which states, “*At the Juvenile Board Chair, Chief or designee’s discretion, an employee may be reassigned or*

placed on administrative leave pending the outcome of an investigation. Interns, volunteers, contractors and other individuals working under the auspices of the Department may not be allowed to work at the Department in their respective capacities during the course of the investigation.”

Staff interviews also revealed that in the event of a youth-on-youth sexual abuse allegation, the program would immediately separate the youth and ensure youth were properly supervised by staff to guard against self-harm or harm to others. Staff interviews revealed they understand the coordinated response protocol which includes immediate action and then following up to ensure safety longer term (i.e., changing youth bedrooms, providing one-on-one staff supervision, etc.).

The agency and facility have policies to support this PREA standard. More specifically, facility Policy 4-DS-11 “First Responder Duties” (page 4) states, *“When a staff learns that a juvenile is at risk of sexual abuse, he or she will take appropriate steps to protect the juvenile immediately, but no later than 48 hours.”* Agency Policy AS-903 “First Responder Duties” (page 4) also states, *“When a staff learns that a juvenile is at risk of sexual abuse, he or she will take appropriate steps to protect the juvenile immediately, but no later than 48 hours. The initial information will be reviewed and remedial steps for protecting the juvenile will be made in the event of a serious and credible threat or legitimate fear from the juvenile. 2. Information reviewed about the threat may include the specific type of risk, the credibility of the information, the juvenile’s housing and program assignment and previous victimization or risk of victimization”*

Similarly, facility Policy 4-DS-11 “First Responder Duties” directs, *“If the juvenile is housed in a facility and the first person of knowledge is not a facility staff, he or she will alert the supervisor on duty immediately. 115.364(b)-1 e. Staff shall promptly document any allegations made using their Division’s serious incident report. 2. Information reviewed about the threat may include the specific type of risk, the credibility of the information, the juvenile’s housing and program assignment and previous victimization or risk of victimization. 3. Based on the initial information, the Chief Juvenile Probation Officer (Chief) or designee may initiate an internal investigation. 4. After the review, corrective action may be taken and documented accordingly. Actions may include but are not limited to: a. Separating the potential victim from the source of the threat; b. Reclassifying the juvenile; c. Adding staff supervision; d. Reviewing of any specialized treatment or housing plans; and / or e. Implementing a safety plan.”*

Review of a sample investigation report and supplemental documents (i.e., youth-to-youth inappropriate sexual contact from 2019) verified the facility immediately responds when a youth is at substantial risk of imminent sexual abuse.

All evidence reviewed (i.e., policies, documents, staff interviews, etc.) allows the auditor to conclude the facility is in compliance on all provisions in this standard.

Standard 115.363: Reporting to other confinement facilities

115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.363 (d)

- The facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-901 “Reporting Child Abuse, Neglect and Exploitation”
- Interview with Travis County Probation Interim Chief Juvenile Probation Officer
- Interview with the Director of Detention Services
- Interview with PCM
- Interviews with internal PREA Investigators

Provision (a)

The Gardner-Betts facility has not had an incident in which a youth disclosed they were sexually abused while in a prior placement/facility in the past 12 months prior to the onsite review. However, facility and agency interviews indicated that if this were to happen, the Director of Detention Services would be responsible for contacting the superintendent/program director of the youth’s prior placement within 72 hours. In support of these testimonies the Policy AS-901 (page 7) states, “*The Chief or designee will make the appropriate notifications of allegations of sexual abuse or sexual harassment.*” This same policy (page 8) explains “*For ANE allegations occurring at a non-Department facility: If the incident occurred in an outside facility or program, reports are made to the operating, licensing, certifying, or registering agency and / or the agency responsible for regulation or oversight of the facility or program where the incident*

is alleged to have occurred.” The policy provides detailed instructions for reporting to various types of facilities based on the agency who operates the facility and where the abuse is alleged to occur – i.e., a residential facility or program licensed by TDFPS; a residential facility or program licensed by the Texas Department of State Health Services (TDSHS); a residential facility or program registered by TJJD; a facility operated by TJJD; outside a facility, etc.

Provision (b)

Agency Policy AS-901 “Reporting Child Abuse, Neglect and Exploitation” (page 9) supports this PREA provision stating, *“Within 72 hours of learning of the ANE allegation, reports will be made to the facility head and /or the governing body of the jurisdiction where the allegation is alleged to have occurred. a. If the allegation was made while a juvenile was in a facility, the Division Director of the facility will communicate the Department’s report. b. If the allegation was made outside a facility, the Chief or designee that received the allegation will communicate the Department’s report. c. TDFPS or TJJD will also be notified of the allegation when either have conservatorship”*

Interviews with the PCM and Director of Detention Services verified a notification to the other facility superintendent would be made well within 72 hours (most likely within 24 hours of receiving the allegation).

Provision (c)

Interviews revealed that the notification to another facility superintendent where abuse alleged to have occurred would be documented on the incident report. Agency Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation” (page 7) directs staff to document the details of the allegation and the corresponding reporting information from DSHS on a Department serious incident report.

Provision (d)

As previously stated, staff interviews verified that all allegations of sexual abuse are investigated. In the event the Gardner-Betts facility received notification that abuse had occurred in its facility, the staff member would be obligated as a mandatory reporter to report this to the proper authorities (consistent with the facility’s coordinated response plan).

Standard 115.364: Staff first responder duties

115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy 4-DS-11 “First Responder Duties”
- Policy AS-903 “First Responder Duties”
- Travis County PREA Power Point training for staff
- “Role of the First Responder” Power Point Presentation (staff training)
- Interviews with Juvenile Detention Officers (direct care staff)
- Interviews with Shift Supervisors
- Interview with PCM
- Interview Director of Detention Services

Provisions (a) and (b)

Interviews with Juvenile Detention Officers (direct care staff), Shift Supervisors, and other facility leaders verified they understand their first responder duties. All staff reported in the event a resident alleges sexual abuse the staff member would take action immediately. Staff stated as part of their response they would: Separate the victim and perpetrator and protect the crime scene and all evidence (i.e., cordon off the room where the event may have occurred; ask youth not to shower, use the bathroom, or brush their teeth; ask youth not to change their clothes, etc.). A detailed review of the Power Point slides for the staff training

titled, “Role of the First Responder” verified the training includes details on appropriate actions first responders must take.

The Travis County Probation Department and the Gardner-Betts facility have memorialized its coordinated response in formal policy. More specifically, facility Policy 4-DS-11 “First Responder Duties” (page 1) directs, *“The Department has a zero tolerance for sexual abuse or sexual harassment. Any staff with reason to believe a juvenile is a victim of sexual abuse or sexual harassment will take immediate steps to protect the juvenile from further harm. All allegations of sexual abuse or sexual harassment will be taken seriously and responded to immediately.”* This same policy (page 6) directs the first responder to *“take appropriate steps to separate the alleged victim from the alleged abuser; 5. request that the alleged victim and alleged abuser not take any actions to destroy physical evidence as outlined section F of this policy; 6. notify his or her supervisor or manager immediately; and 7. document and report the allegation. E. In the event a staff member discovers or interrupts a sexual assault in progress in a facility, the staff will: 1. immediately call for assistance; 2. Take appropriate steps to separate the alleged victim from the alleged abuser; 3. request that the alleged victim and alleged abuser not take any actions to destroy physical evidence as outlined section F of this policy; 4. call the medical staff to assess the victim; 5. ensure minimal impact on the scene; and 6. identify language barriers, report and document the incident as outlined in section D of this policy after the immediate needs of the victim have been addressed.*

Facility Policy 4-DS-11 “First Responder Duties” (page 7) also states, *“F. Key personnel will coordinate responses to an allegation or observation of sexual abuse. 1. In facilities, the supervisor on duty at a facility will coordinate the response and emergency services for the victim by: a. protecting the victim from further harm by separating him or her from the alleged perpetrator; b. contacting law enforcement and notifying them of the situation; c. getting medical assistance to address any acute health concerns; 1. if the alleged abuse occurs within a time period that still allows for the collection of physical evidence: a. request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing / showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and ensure that the alleged abuser does not take any actions that could destroy physical evidence. 2. coordinating transportation to the appropriate health care facility, preferably one that can provide a SAFE / SANE exam; d. ensuring that the exact location where the sexual abuse occurred is protected until law enforcement can collect any evidence; 1. Steps will be taken to minimize disruption to scene of alleged assault. The supervisor will: a. minimize access to the area by moving all individuals out of the area and closing it off; b. be aware of DNA sources such as blood, semen, saliva, skin and hair; c. avoid talking, sneezing or coughing in the alleged crime scene to ensure minimal impact on evidence collection; d. be aware of additional evidence that will need to be collected, such as clothing, linens and fingerprints; and e. coordinate with law enforcement or other emergency responders as needed. 2. If possible, potential witnesses will be isolated; e. assisting in identifying witnesses and alleged perpetrator.”*

Detailed first responder duties also appears in agency Policy AS-903 “First Responder Duties” (page 4 - 7). More specifically, the policy includes specific directives that staff *“... take appropriate steps to separate the alleged victim from the alleged abuser...a. request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing / showering, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating and ensure that the alleged abuser*

does not take any actions that could destroy physical evidence; 2. coordinating transportation to the appropriate health care facility, preferably one that can provide a SAFE / SANE exam; d. ensuring that the exact location where the sexual abuse occurred is protected until law enforcement can collect any evidence; 1. Steps will be taken to minimize disruption to scene of alleged assault. The supervisor will: a. minimize access to the area by moving all individuals out of the area and closing it off; b. be aware of DNA sources such as blood, semen, saliva, skin and hair; c. avoid talking, sneezing or coughing in the alleged crime scene to ensure minimal impact on evidence collection; d. be aware of additional evidence that will need to be collected, such as clothing, linens and fingerprints; and e. coordinate with law enforcement or other emergency responders as needed. 2. If possible, potential witnesses will be isolated; e. assisting in identifying witnesses and alleged perpetrator; f. addressing additional safety concerns as needed; and g. ensuring the information is documented.”

There have been no allegations of sexual abuse that involved penetration or staff at the Gardner-Betts facility. Staff interviews and review of the staff training slides that includes first responder duties provide evidence of compliance with this PREA standard.

Standard 115.365: Coordinated response

115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-903 “First Responder Duties”
- Policy 4-DS-11 “First Responder Duties”
- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Review of Power Point slides for the “Role of the First Responder” training
- Interview with Director of Detention Services
- Interviews with internal PREA Investigators
- Interviews with JDOs (direct care staff)
- Interviews with Shift Supervisors
- Interviews with Clinician
- Interviews with facility Nurses

The facility’s coordinated response plan is thoroughly described in several agency policies. These include agency Policy AS-903 “First Responder Duties;” agency Policy AS-902 “Preventing and Detecting Sexual

Abuse and Harassment,” and facility “Policy 4-DS-11 “First Responder Duties.” In addition to the detailed evidence provided in Standard 115.364 of this audit findings report, agency Policy AS-903 “First Responder Duties” (page 7-8) describes the coordinated response protocol and the specific roles of first responders, medical and mental health practitioners, investigators and facility leadership. More specifically the policy states:

- *“The supervisor will notify or have someone notify the Division Director or designee and the Assistant Chief”*
- *“Medical staff will address the acute and long-term health care needs of the victim. a. The nurse will arrange for the victim to be transported to a health care facility where a forensic exam can be performed. b. The nurse will talk to the juvenile to ensure that the destruction of possible physical evidence is minimized. c. The nurse will provide for any special needs the victim may have. d. Additional medical needs will be attended to as outlined in AS-905: Services for Victims of Sexual Abuse.”*
- *“Treatment and counseling staff will ensure the victim’s mental health needs are addressed. a. The counselor will follow up with victim to see if any crisis intervention counseling services are needed. b. The counselor will assist the victim in accessing outside advocates as requested. Follow up treatment will be addressed as outlined in AS-905: Services for Victims of Sexual Abuse.”*
- *“The Division Director or designee will take the necessary steps to assist in coordinating the response. The Director or designee will follow up with the supervisory staff and ensure the victim is protected from further harm. b. The Director or designee will follow up with medical and mental health care staff to attend to the victim’s treatment needs. c. The Director or designee will ensure that protective custody is used as a last resort and only when other less restrictive measures are inadequate to protect the juvenile. d. If the alleged perpetrator is a staff member, The Director or designee will ensure the individual is placed on administrative leave or placed in a position in which he or she does not have any contact with juveniles pending the outcome of an investigation”*
- Review of Power Point slides for the “Role of the First Responder” training
- Review of Power Point slides for the “Role of the First Responder” training

In addition, a review of Power Point slides for the “Role of the First Responder” training verified staff are trained each year on the coordinated response plan. Staff interviews verified all staff are aware of the coordinated response protocol and their role in the response process. Staff reported they respond immediately to allegations of sexual abuse.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidenced Used in Compliance Determination:

- AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Memorandum from Steve Owen, Accreditation and Compliance Officer to Sharon Pette, DOJ Certified PREA Auditor dated 6/01/2021
- Interview with Interim Chief Juvenile Probation Officer
- Interview with PCM
- Interview with Administrative Services Senior Director (human resources)
- Interviews with JDOs (direct care staff)

Provisions (a) and (b)

In support of provisions in this standard, a formal Memorandum dated 6/01/2021 was submitted by Steve Owen, PCM/Accreditation and Compliance Officer to the auditor. The memo reads, *“Because Texas is a right to work state, the Department cannot enter into or renew a collective bargaining agreement. Pursuant to 37 Texas Administrative Code (TAC) Chapter 358, all members who are identified as the person of interest in an allegation of abuse, neglect and exploitation, to include sexual abuse and sexual harassment, are required to be reassigned to positions that would not put them in contact with residents throughout the administrative investigation process.”* In addition, the agency policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” clearly states, *“The Department will not enter into any agreements that would limit its ability to remove or reassign alleged staff abusers from contact with juveniles pending the outcome of an investigation or determination of whether and to what extent discipline is warranted.”*

Interviews with agency leaders and facility staff members (management and non-management), confirmed that Travis County Juvenile Probation Department do not have existing collective bargaining agreements. In the event an allegation of sexual abuse is made, a staff member would immediately be placed on administrative leave until a thorough investigation has been completed.

Standard 115.367: Agency protection against retaliation

115.367 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services? ☒ Yes ☐ No

115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-904 “Corrective Action and Notifications”
- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Policy AS-217 “Administrative Investigations”
- Retaliation Monitoring Form used by PREA Investigators
- Sample investigation file
- Interviews with PREA Investigators

- Interview with PCM
- Interview with Direction of Detention Services
- Interviews with Shift Supervisors
- Interview with facility Clinician
- Interviews with JDOs (direct care staff)

Provision (a)

There are several Travis County Probation Department policies that put forth a zero tolerance for retaliation for making a report of sexual harassment or sexual abuse. Agency Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment” (page 8) declares, *“Retaliation for reporting staff misconduct will not be tolerated.”* In addition, agency Policy AS-217 “Administrative Investigations” (page 3) states, *“All staff members that report staff misconduct or cooperate with an investigation have the right to be free from discrimination, harassment and retaliation by staff or juveniles.”* Similarly, agency Policy AS-904 “Corrective Action and Notifications” (page 5-6) states, *“Retaliation against any individual who reports sexual abuse or sexual harassment or who cooperates with an investigation is strictly prohibited...Staff participating in harassment, discrimination or retaliation will be subject to disciplinary action, up to and including termination as outlined in AS-214: Disciplinary Procedures. 5. Contractors and volunteers may be prohibited from further contact for violations if the sexual abuse or sexual harassment policies and for participating in behavior that is deemed retaliatory in nature. 6. Juveniles who participate in harassment, discrimination or retaliation will be subject to the program or facility’s disciplinary plan.”* Additionally, agency Policy AS-904 (page 6) requires, *“The Chief or designee will appoint an advocate to monitor victims of sexual abuse and residents that reported sexual abuse or cooperated with the investigation. Resident monitoring will include resident behavior changes, progress in program and treatment progress or regression.”*

Interviews with PREA Investigators indicate they are responsible for monitoring retaliation at the Gardner-Betts facility. The investigator assigned to the case conducts periodic check-ins with youth and documents these check-ins on the Travis County indicate Retaliation Monitoring Form JDOs (direct care staff). While onsite the auditor reviewed a sample investigation file (from 2019) to verify this form is completed as part of the monitoring process. Gardner-Betts staff also reported that they are all responsible for monitoring retaliation and are required to report retaliation by staff or youth.

Provision (b)

The agency Policy AS-904 “Corrective Action and Notifications” states, *“The Department will employ multiple protection measures, to include, but not limited to housing changes, removal of alleged staff or resident abusers from contact with victims and emotional support services.”* This same policy states, *“The advocate will conduct periodic status checks, which include, but are not limited to a review of the resident’s disciplinary reports, housing changes, and program modifications.”* Staff interviews with the Director of Detention Services and Shift Supervisors verified that if staff was the alleged perpetrator they would be removed from the facility. If another youth was the alleged perpetrator, youth would be placed on separate residential living units.

Provision (c)

Agency Policy AS-904 “Corrective Action and Notifications” (page 5) states, “*The Chief or designee will appoint an advocate to monitor victims of sexual abuse and residents that reported sexual abuse or cooperated with the investigation. Resident monitoring will include resident behavior changes, progress in program and treatment progress or regression.*” This same policy (page 6) directs, “*The advocate will conduct periodic status checks, which include, but are not limited to a review of the resident’s disciplinary reports, housing changes, and program modifications. b. The advocate will document all contacts and notify the Chief or designee immediately of any indication of retaliation so that appropriate protective measures can be instituted immediately.*” In addition, this agency policy explains, “*Protection measures for residents and staff that fear retaliation will be made available for at least 90 days following the initial report of sexual abuse or sexual harassment. a. Monitoring includes any changes in behavior that could indicate possible retaliation by residents or staff. b. If the monitoring indicates retaliation occurred, immediate steps will be taken to ensure the protection of the individuals. c. The monitoring may be terminated if the allegation is determined to be unfounded. d. Monitoring may continue past the initial 90-day period if the resident or staff member experienced harassment, discrimination or retaliation.*”

Interviews with PREA Investigators indicate they are responsible for monitoring retaliation at the Gardner-Betts facility. The investigator assigned to the case conducts periodic check-ins with youth and documents these check-ins on the Travis County indicate Retaliation Monitoring Form JDOs (direct care staff). As previously mentioned, there have been no reports of sexual abuse or sexual harassment

Provision (d)

As stated previously, the PREA Investigators are responsible for conducting and documenting periodic checks with youth and staff who have made a report of sexual abuse. Agency policies support this practice.

Provision (e)

Agency Policy AS-904 “Corrective Action and Notifications” (page 6) states, “*The Chief or designee will appoint an individual to monitor staff members to prevent harassment, discrimination or retaliation due to their report or cooperation with an investigation. a. Staff monitoring may include, but is not limited to reassignments, disciplinary actions and negative performance reviews. b. Following a report of harassment, discrimination or retaliation, the Chief or designee will take appropriate measures to remedy the behavior.*” Interviews with the Director of Detention Services, PCM, and PREA Investigators verified they are required to take immediate action to end retaliation against youth or staff member.

Provision (f)

Interviews with PREA Investigators verified they understood that the obligation to monitor retaliation ended if the youth leaves the facility.

Standard 115.368: Post-allegation protective custody

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy 10-DS-8 “Room Isolation/Confinement”
- Interview with Director of Detention Services
- Interviews with Shift Supervisor
- Interviews with JDOs (direct care staff)
- Interview with Case Work Manager
- Interviews with youth

During onsite interviews, staff and youth reported they do not use protective isolation. As previously described in this report, the Gardner-Betts facility would separate youth for safety reasons by placing youth on different living unit or on an unoccupied living unit with one-on-one supervision. If the youth was on one-on-one supervision, they would not be confined to their bedroom but rather be out in the day area. Youth who are separated from the group continue to receive education, large-muscle exercise, and daily visits from a facility Nurse. Staff and youth interviews verified youth are never placed in isolation and if there is a need for separation from the group, youth are provided the required services.

In support of this PREA standard the facility Policy 10-DS-8 “Room Isolation/Confinement” (page 1) defines “protective isolation” as: *“The exclusion of a threatened juvenile from the group by placing the juvenile in an individual room that minimizes contact with the juveniles from a specific group.”* This policy (pages 5-6) clearly directs:

“Protective isolation may only be used as a last resort when a juvenile is physically threatened by a juvenile or a group of juveniles, and less restrictive measures are inadequate to keep the juvenile safe. 1. The decision to place a juvenile on protective isolation will be approved in writing by the Director or designee. 2. Protective isolation may only be used until alternative means for keeping the juvenile safe can be arranged. 3. Juveniles on protective isolation will be afforded living conditions and privileges approximating those available to juveniles in the general population except when justified by clear evidence that the juvenile’s safety is at risk. While on protective isolation, the juvenile will: a. receive all legally required educational programming and daily large muscle exercise; b. receive daily visits from medical or mental health care staff; and c. have

access to other programs and services to the extent possible. 4. The decision to place a juvenile on protective isolation will be approved in writing by the Director or designee. 5. If the protective isolation of a juvenile exceeds 24 hours, the Director or designee will: a. immediately conduct a documented review of the circumstances surrounding the level of threat faced by the juvenile; b. make a determination about whether less restrictive protective measures are appropriate and available; document why no alternative means of separation can be arranged if the review indicates that continued protective isolation is appropriate; and d. if continued protective isolation is approved, ensure that the formalized written review document includes an alternative service delivery plan to ensure the isolated juvenile is afforded all required programming during his or her period of protective isolation. 6. Documentation of the threat faced by the juvenile and the reason(s) why no alternative means of separation can be arranged will be maintained in the juvenile's file"

In addition, Policy 10-DS-8 "Room Isolation/Confinement" (page 2-3) describes: "Juveniles in room isolation / confinement will be afforded living conditions and privileges approximating those available to juveniles in the general population except when justified by clear evidence...When a juvenile is in his or her room for more than eight (8) hours, the on-duty Supervisor will arrange for the juvenile to participate in physical activity. Juveniles on room isolation / confinement will be allowed access to any legally required educational programming or special education services and other programs to the extent possible. f. Juveniles in room isolation / confinement will receive daily visits from a medical or mental health care staff..."A mental health provider shall be consulted before disciplinary seclusion is imposed if the juvenile has a current designation as moderate (suicide precaution) or high risk (suicide watch) for suicide"

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention? ☒ Yes ☐ No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-217 “Administrative Investigations”
- Policy AS-217 B “Conducting Administrative Investigations”
- Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation”
- Policy AS-904 “Corrective Action and Notifications”
- ANE/PREA Investigation Tracking Log (Excel Spreadsheet)
- TCJPD Internal Investigation Checklist
- Referrals of Allegations for Investigations (posted on the Travis County website)
- Review of a sample investigation report (from 2018)
- Training roster from PRC “PREA Specialized Investigator Training”
- Interview with Travis County internal investigators
- Interview with PREA Compliance Manager

Provision (a)

As stated previously, the Travis County Probation Department has several policies that require all allegations to be reported to the proper authorities to be thoroughly investigated. These notifications include calling TX DJJ within four hours and if there is potentially criminal behavior, calling law enforcement within one hour. The agency Policy AS-901 “Abuse and Neglect Prevention and Response” (page 5) establishes clear expectations for referring allegations to law enforcement. The policy states, *“The staff will notify the law enforcement agency having criminal investigation jurisdiction of the allegation, which includes Travis County Sheriff’s Department at the main campus and Austin Police Department and / or AISD Police Department at satellite office and program space.”* Staff are required to document these referrals/notifications on the incident report. In addition, agency Policy AS-904 Corrective Action and Notifications (page 2) puts forth: *“The Department will ensure that all allegations of sexual abuse and sexual harassment are investigated. The Department will promptly and fully investigate all allegations of sexual abuse and sexual harassment as outlined in AS-217 B: Conducting Administrative Investigations. 2. All allegations of sexual abuse and sexual harassment will be investigated regardless of how much time has passed since the alleged incident. All third-party reports will be investigated regardless of the approval or agreement of the alleged victim.”* Policy AS-217B also sets the expectation that sexual abuse and sexual harassment investigations be completed within five days, although agency Policy AS-904 “Corrective Action and Notifications” (page 3) states, *“The Department will make every effort to finalize investigations no later than 90 days after the allegation was reported.”*

The Travis County Sheriff’s Office and the Texas Juvenile Justice Department (TJJD) are responsible for conducting investigations of sexual abuse occurring at the Gardner-Betts Juvenile Justice Center. When an allegation of sexual abuse or sexual harassment is made, first responders are required to make a report to TJJD within four hours. If the allegation involves potentially criminal behavior first responders must contact the Travis County Sheriff’s Office within one hour of receiving the allegation. Investigators employed by Travis County and who are responsible for conducting PREA investigations at the Gardner-Betts facility would receive instruction from TJJD and the local Sheriff’s office regarding how and when to proceed with the administrative investigation. It is important to note that the county Sheriff’s office is stationed on campus which facilitates communication, allows investigations to be conducted in a timely fashion, and allows the internal Travis County investigators to stay informed throughout the course of an

investigation. Interviews with PREA investigators verified that investigations are completed in a timely manner.

Additional agency policy provides detailed guidance regarding conducting a thorough investigation. Agency Policy AS-217 B “Conducting Administrative Investigations” describes, *“The investigator will conduct thorough interviews with the individuals who have been identified as having direct knowledge of the incident by: a. ensuring the interview space is private and free from distractions; b. ensuring the appropriate equipment is available for tape recording the interview as directed by the Chief or designee; c. explaining the purpose of the interview and having each staff witness review AS-217: Administrative Investigations and acknowledging his / her understanding of his / her responsibilities; d. providing an administrative warning as indicated; e. documenting the date, time and location of each interview; f. asking questions to determine facts and identify new information or developments; and g. using terminology appropriate to the individual’s age, sophistication, and intelligence.”*

There were no allegations of sexual abuse or sexual harassment at the Gardner-Betts facility in the past 24 months. However, the auditor reviewed an example of an investigation report from 2019 (youth-to-youth inappropriate sexual contact) which provided additional evidence supporting that investigations are conducted in a reasonable timeframe. The investigation report indicated the incident of youth-to-youth sexual contact occurred on March 3rd; the case was assigned to an internal investigator on March 4th; interviews conducted March 5th – 8th; and the final report issued on March 13th. The investigation was completed in less than 10 days and therefore, Travis County is conducting investigations in a timely manner as required by DOJ PREA standards.

A detailed review of the investigation report revealed Travis County investigators conduct thorough investigations. The report detailed the purpose of the investigation; investigation method; summary of interviews; summary of findings; and attachments. Among the attachments were victim, witness, and perpetrator statements; staff assignments/roster for the day the alleged incident occurred; Alleged Victim Attorney Notification form; and retaliation monitoring form. The investigator provided a detailed account of statements from the victim, witnesses, and the perpetrator as well as describing additional documents considered in making a determination. The investigator documented the “Findings of Fact” which provided the points of agreement and disagreement (resulting from reviewing all information) and the final outcome of the investigation. When interviewed, all four PREA investigators articulated the thorough process for conducting investigations.

The internal PREA investigators use the TCJPD Internal Investigation Checklist to ensure they document and track key pieces of an investigation. The checklist requires the investigator to document the individuals involved in the incident (alleged victim and people of interest); type of allegation; where and when staff were reassigned; and the date and time the requisite notifications were made to law enforcement, parent/guardian, victim’s attorney, TJJD, etc. In addition, this checklist provides documentation for when the investigation began/concluded, the outcome of the investigation, and other important elements. The auditor applauds the agency for creating a method to better ensure thorough investigations are completed consistent with agency and DOJ PREA expectations.

The auditor confidently concludes the Gardner-Betts facility is in compliance with expectations in this standard provision.

Provision (b)

All Travis County internal investigators have been formally trained on conducting sexual abuse investigations. The four investigators most often assigned to conduct PREA investigations at the Gardner-Betts facility, have completed the National Institute of Corrections online course entitled, “PREA: Investigating Sexual Abuse in a Confinement Setting.” In addition, in September 2020, a total of 22 Travis County staff participated in a two-day PREA Specialized Investigator Training through the PREA Resource Center. The auditor reviewed the training roster to verify training completion (particularly for the four main investigators assigned to the Gardner-Betts facility). Interviews with investigators verified they attended the two-day training. All criminal review is handled by the Travis County Sheriff’s Office.

The agency has several policies and documents requiring specialized training for investigators. The agency Policy AS-217B (page 2) requires: *“Designated investigators will receive specialized training on how to conduct sexual abuse and sexual harassment investigations in facilities / confinement settings. Documented training will include: 1. techniques for interviewing juvenile sexual abuse victims; 2. sexual abuse evidence collection in confinement settings; 3. criteria and evidence required to substantiate a case for administrative action; and 4. criteria and evidence required to substantiate a case for prosecution referral.”* In addition, the document titled, “Referrals of Allegations for Investigations” which is posted on the Travis County website [Juvenile Court \(traviscountytexas.gov\)](http://juvenilecourt.traviscountytexas.gov) states, *“The Department will ensure a specially-trained investigator conducts an administrative investigation into the allegation. The Department will ensure that any administrative investigation does not interfere with the TCSO or TJJD investigation. The Department will take any remedial action upon the findings that the allegation was founded.”* The auditor verified the link to the document referenced is in working order.

Provision (c)

In support of provisions in this standard agency Policy AS-217B “Conducting Administrative Investigations” (page 3) directs: *“The investigator will gather, preserve and review any available direct and circumstantial evidence. Evidence includes, but is not limited to: a. Incident reports; b. Correspondence with law enforcement; c. Correspondence with oversight agencies such as TJJD or DSHS; d. Training records of the staff member(s); e. Demographic information of the juvenile(s) involved; f. Medical information as available; g. Staff or juvenile rosters; h. Photographs or other physical evidence; i. Electronic monitoring data as available; and j. Any other relevant information.”*

As previously mentioned, a detailed review of the investigation report from 2019 revealed Travis County investigators conduct thorough investigations. The report detailed the purpose of the investigation; investigation method; summary of interviews; summary of findings; and attachments. The investigator provided a detailed account of statements from the victim, witnesses, and the perpetrator as well as described additional documents and evidence considered in making a final determination. The investigator documented the “Findings of Fact” which provided the points of agreement and disagreement (from reviewing all information) and the final outcome of the investigation. When interviewed, all four PREA investigators articulated the process of gathering and preserving all direct and circumstantial evidence.

Provision (d)

Interviews with Travis County internal PREA investigators verified that investigations are not terminated if the source of the allegation recants the allegation. This practice is supported by directs set forth in Policy AS 217B “Conducting Administrative Investigations” (page 4). The policy specifically states, *“The Department will not terminate an investigation solely because: a. the source of the allegation recants; b. the alleged abuser has resigned from employment or has been released from the facility; or c. the victim has been released from the facility.”*

Provision (e)

Agency policy and information obtained from interviews provided sufficient evidence of compliance with this provision. Policy AS 217B “Conducting Administrative Investigations” (page 7) states, *“The Chief, General Counsel or designee will confer with prosecutors prior to conducting compelled interviews to ensure they are not an obstacle for subsequent criminal prosecution. b. If the administrative investigation can be conducted at the same time as the criminal investigation, the investigator will attempt to coordinate interviews with law enforcement.”* Interviews with internal PREA investigators confirmed that all allegations of sexual abuse are reported to local law enforcement. As previously mentioned, the county Sheriff’s office is stationed on campus which facilitates communication throughout the course of an investigation. All PREA investigators consistently and clearly reported that during interviews (victim, witnesses, and perpetrator) if there is evidence that the allegation may support criminal prosecution, the interview is immediately put on hold. The PREA investigator would immediately contact the agency’s General Counsel for guidance as well as the Sheriff’s office. This would lead to the Sheriff’s office assuming the lead on the investigation.

Provision (f)

Agency Policy AS 217 B “Conducting Administrative Investigations describes the process for determining the credibility of a witness. The policy describes, *“The investigator will balance the weight of the evidence and the credibility of the information sources to determine findings of fact. 1. Credibility is not determined by status as a resident or staff. 2. The investigator will evaluate the physical, testimonial and documentary evidence. 3. The investigator will determine credibility of a statement by carefully reviewing the information gathered during the course of the investigation to include, but not limited to: a. Testimonial information; b. Documents reviewed; c. Physical evidence such as photographs or floor plans; d. A review of the inconsistencies or contradictions within or between witness statements; and e. A review of the contradictions between statements and other evidence, such as photographs, floor plans and incident reports.”* Interviews with investigators as well as review of the sample investigation report provided evidence the agency is aligned with this PREA provision.

Interviews with internal PREA investigators also revealed that polygraph tests are not used by Travis County to determine whether a victim’s allegation is true. This practice is supported by language in Policy AS 217 B “Conducting Administrative Investigations” which states, *“The Department will not require an individual to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation.”*

Provision (g)

Travis County internal PREA investigators are responsible for conducting administrative investigations. The agency has several policies that support current practices and that align with PREA expectations. Agency Policy AS 217 B “Conducting Administrative Investigations” (page 8) states, *“Reports sent to TJJD will include the elements listed in Title 37 of the Texas Administrative Code Chapter 358. The report will include at a minimum: a. information on the alleged victim(s) and person(s) of interest; b. a summary of the incident; c. a summary of the steps taken during the investigation; and d. relevant documentation.”* In addition, Policy AS-217 “Administrative Investigations (page 2) states, *“The investigator’s role is to be objective, impartial and conduct a thorough review of an incident to determine the facts. 3. The investigator will submit a report outlining the findings.”* This same policy describes in detail the investigation process. More specifically, agency Policy AS 217 “Administrative Investigations” (pages 1-2) states, *“...A thorough and competent investigation into the allegation will be conducted. Whenever possible, investigations will clearly support or refute the allegations.”*

Agency policy also provides detailed guidance regarding gathering information during the investigatory process. Agency Policy AS-217 B “Conducting Administrative Investigations” which states, *“The investigator will conduct thorough interviews with the individuals who have been identified as having direct knowledge of the incident by: a. ensuring the interview space is private and free from distractions; b. ensuring the appropriate equipment is available for tape recording the interview as directed by the Chief or designee; c. explaining the purpose of the interview and having each staff witness review AS-217: Administrative Investigations and acknowledging his / her understanding of his / her responsibilities; d. providing an administrative warning as indicated; e. documenting the date, time and location of each interview; f. asking questions to determine facts and identify new information or developments; and g. using terminology appropriate to the individual’s age, sophistication, and intelligence.”*

Interviews with investigators as well as review of the sample investigation report provided evidence the agency is aligned with this PREA provision.

Provision (h)

As previously described, a review of the sample investigation report provided evidence that investigation reports include a description of physical, testimonial, and documentary evidence. In addition, the report included a series of attachments (i.e., documents reviewed by the investigator and used in making the investigation determination). In support of this practice the agency Policy AS 217 B “Conducting Administrative Investigations” states, *“investigation reports will follow the approved Department format. The reports will minimally include the: 1. Purpose of the investigation. 2. Investigation methodology, which includes: a. individuals that were interviewed, b. documents that were reviewed, and c. chronology of investigation. 3. Summary of interviews. 4. Summary of facts and findings, which includes: a. reasoning behind credibility assessments; b. information about whether staff actions or failures to act contributed to or may have exacerbated the situation; c. any code of ethics or policy violations...”* Final investigation reports and supporting documents are sent to the General Counsel and kept in secure locked file cabinet to which only designated individuals have access.

Provision (i)

The agency has policies to support expectations set forth in this PREA standard provision. Agency Policy AS-901 “Reporting Child Abuse, Neglect, and Exploitation” (page 6) states, *“For ANE allegations at a Travis County Juvenile Probation Department facility or program: If the incident occurred in a Department facility or program, reports are made to the operating, licensing, certifying, or registering agency and / or the agency responsible for regulation or oversight of the facility or program where the incident is alleged to have occurred. 115.371(i)-1 1. The staff will notify the law enforcement agency having criminal investigation jurisdiction of the allegation, which includes Travis County Sherriff’s Department at the main campus and Austin Police Department and / or AISD Police Department at satellite office and program space.”*

In addition, agency Policy AS 217 B “Conducting Administrative Investigations” (page 7) clearly directs, *“During the course of an administrative investigation, if an investigator has cause to believe a juvenile is a victim of unreported abuse, neglect or exploitation, he or she shall immediately report such allegations as required by policy AS-901: Reporting of Child Abuse, Neglect, and Exploitation. The Department will promptly and fully cooperate with law enforcement agencies and / or any oversight agency for allegations of abuse, neglect and exploitations, to include sexual abuse or sexual harassment.”*

All PREA investigators interviewed confirmed that during the course of an administrative investigation, if there appears to be potential criminal activity the investigator would pause the investigation and contact the General Counsel and local law enforcement.

Provision (j)

Policy AS-217 “Administrative Investigations (page 4) states, *“Upon completion of the investigation, the investigation report will be kept in perpetuity a secure location separate from the personnel files. An electronic copy of the investigation may be maintained in a secure drive accessible to the Chief or designee.”* Interviews with PREA investigators confirmed investigation reports and supporting documents are sent to the General Counsel and kept in secure locked file cabinet to which only designated individuals have access. Currently, these records are kept a minimum of ten years. The agency is in the process of moving to electronic records which will allow the agency to retain these records in perpetuity.

Provision (k)

Interviews with Travis County internal PREA investigators provided evidence that all investigations are completed in the event the alleged abuser or victim left the agency employ. This practice is supported by directs set forth in Policy AS 217B “Conducting Administrative Investigations” (page 4). The policy specifically states, *“The Department will not terminate an investigation solely because: a. the source of the allegation recants; b. the alleged abuser has resigned from employment or has been released from the facility; or c. the victim has been released from the facility.”*

Provision (l)

The Texas Department of Juvenile Justice is responsible for conducting sexual abuse investigations along with local law enforcement. These individuals are formally trained on how to conduct specialized investigations and are subject to the PREA requirements listed in this standard.

Provision (m)

The agency Policy AS-217B “Conducting Administrative Investigations” states, *“The Department will promptly and fully cooperate with law enforcement agencies and / or any oversight agency for allegations of abuse, neglect and exploitations, to include sexual abuse or sexual harassment.”* In addition, agency Policy AS-904 “Corrective Action and Notifications” states, *“The Chief or designee will maintain contact with outside investigative agencies, such as the local law enforcement or oversight agency, to monitor the status of their investigation into sexual abuse or sexual harassment allegations.”*

Interviews with internal Travis County PREA investigators verified they are responsible for maintaining contact with local Sheriff’s department and/or TX DJJ when the outside party is the primary investigator.

Standard 115.372: Evidentiary standard for administrative investigations

115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-217 “Administrative Investigations”
- Policy AS-217 B “Conducting Administrative Investigations”
- Interview with Travis County internal PREA Investigators
- Interview with PREA Compliance Manager
- Review of sample investigation report (2019)

Interviews with Travis County Internal PREA Investigators and the Facility PREA Compliance Manager verified that the agency uses a standard of “preponderance of evidence” when determining whether an allegation of sexual abuse or sexual harassment occurred (i.e., is substantiated). In support of this practice the agency Policy AS-217 B “Conducting Administrative Investigations” (page 1) states, *“The*

Department conducts administrative investigations of alleged violations of Department policy, procedure, contract or standard. The preponderance of evidence standard will be used to determine whether an investigation is founded, unfounded or unable to be determined.”

There are three findings the agency uses to define an outcome of an investigation: Founded, Unable to Determine, and Unfounded. These terms are clearly defined in Policy AS-217 “Administrative Investigations” (page 3). This same policy also defines the preponderance of evidence standard as “A standard of proof meaning the greater weight of credible evidence makes it more likely than not that an event occurred.”

Review of the sample investigation report coupled with information obtained from interviews provides evidence that the agency is in compliance with this PREA standard.

Standard 115.373: Reporting to residents

115.373 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.373 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.373 (c)

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit? ☒ Yes ☐ No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The

agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-904 "Corrective Action and Notifications"
- Policy AS 217 "Administrative Investigations"
- Copy of notification letter sent to youth and family member
- Review of a sample grievances
- Review of a sample investigation report (2019)

- Interview with Director of Detention Services
- Interview with PCM
- Interview with Travis County Internal PREA Investigators

Provision (a)

The Travis County Probation Department sets clear expectations that align with provisions of this PREA standard. Agency Policy AS 217 “Administrative Investigations” (page 3) states, *“Final outcomes of administrative investigations are determined by the Chief. 1. The outcomes of the Department’s administrative investigations are founded, unfounded, or unable to determine. If the allegation involves a juvenile, the Department will notify the juvenile, parent /guardian and the person of interest of the outcome. State oversight agencies will be notified as required by law.”* In further support of this PREA provision the agency Policy AS-904 “Corrective Action and Notifications” (page 4) states, *“The findings for sexual abuse and sexual harassment investigations will be disseminated to the appropriate parties. 1. If the juvenile is still housed in a facility when the administrative investigation is completed, he or she will be notified in writing of the outcome. a. The notification will indicate if the allegation has been determined to be founded, unfounded or unable to determine. The notification will also detail the current status of the law enforcement investigation.”* Interviews with Travis County Internal PREA Investigators and the PCM verified that these notifications are made by the PREA Investigator or PCM.

As previously mentioned, there have been no PREA-related grievances filed in the past 24 months. However, the auditor reviewed a sample of non-PREA related grievances (N=9) filed in 2021 to determine if grievances are addressed in a timely manner consistent with PREA expectations. All grievances reviewed were addressed in less than 48 hours. The resolution was written on the grievance form; youth were offered an appeal (which was also documented on the form); and youth were required to sign and date the grievance form. A sample notification letter sent by the General Counsel (2019) was also reviewed by the auditor. This serves as sufficient documentation of compliance with this provision which requires youth to be informed of the outcome of the investigation. Staff and youth interviews verified grievances, especially those alleging sexual abuse and/or sexual harassment, are taken seriously and handled immediately by the Case Work Manager/Grievance Officer.

Provision (b)

Agency Policy AS-904 “Corrective Action and Notifications” (page 2) states, *“The Chief or designee will maintain contact with outside investigative agencies, such as the local law enforcement or oversight agency, to monitor the status of their investigation into sexual abuse or sexual harassment allegations.”* Interviews with PREA Investigators verified they are responsible for maintaining contact with outside entities leading an investigation. This is done via regular emails. The TCJPD Internal Investigation Checklist has a space where the investigator is required to indicate if charges were filed by law enforcement (and when) and the outcome of the investigation if TX JJD was the primary investigator.

Provision (c)

Interviews with the PCM and Travis County PREA Investigators verified that residents would be notified of the outcome of the investigation and whereabouts of the staff member who was the alleged abuser.

Agency Policy AS-904 “Corrective Action and Notifications” (page 4) states, *“If the allegation was against a staff member, the alleged victim will be informed when: 1. the staff member is no longer posted on his or her unit; 2. the staff member is no longer employed at the facility; 3. the Department learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and /or 4. the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”* A notification letter sent by the General Counsel was reviewed by the auditor (from a 2019 incident) to verify compliance.

Provision (d)

Agency Policy AS-904 “Corrective Action and Notifications” (page 5) states, *“If the allegation was against another resident, the alleged victim will be informed when: 1. the Department learns that a petition or indictment has been filed against the alleged abuser on a charge related to sexual abuse within the facility; and / or the Department learns that the alleged abuser has been adjudicated or convicted on a charge related to sexual abuse within the facility”* PCM and Internal PREA Investigators reported they would be responsible for making this notification to the victim. In addition, a formal letter is sent by the General Counsel further demonstrating compliance with this PREA provision.

Provision (e)

Provision (e) of this PREA standard requires youth to be notified of the outcome of the sexual abuse investigation and that *“all such notifications or attempted notification shall be documented.”* Agency Policy AS-217 “Administrative Investigations” states, *“Final outcomes of administrative investigations are determined by the Chief. 1. The outcomes of the Department’s administrative investigations are founded, unfounded, or unable to determine. 2. If the allegation involves a juvenile, the Department will notify the juvenile, parent/guardian and the person of interest of the outcome. State oversight agencies will be notified as required by law.”* As part of the Travis County process, once the investigation has concluded, the agency’s General Counsel sends a formal letter to the parent/legal guardian and the youth informing them of the outcome of the sexual abuse investigation. A copy of this letter is maintained in the investigation file. This practice is supported by agency Policy AS-904 “Corrective Action and Notifications” (page 4) which states *“The notifications or due diligence efforts to notify will be documented and maintained in the investigation file.”* If the youth is a ward of the state, a formal letter is also sent to the youth’s case worker as well as the youth’s attorney. Interviews with PREA Investigators verified this practice is in place. As stated earlier, the auditor reviewed a copy of the formal notification letter sent to the victim as further evidence of compliance with this PREA provision.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?
☒ Yes ☐ No

115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment"
- Policy AS-904 "Corrective Action and Notifications"
- Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 collective bargaining agreement
- Interview with Interim Chief Juvenile Probation Officer
- Interview with PCM
- Interview with Administrative Services Senior Director (human resources)
- Interview with Director of Detention Services

Provision (a)

As previously described in this report, the Travis County Probation Department has several policies supporting zero tolerance. The agency disciplinary sanctions include termination if a staff member violates

the agency's sexual abuse and harassment policies. Policy AS-902 "Preventing and Detecting Sexual Abuse and Harassment" (page 8) clearly states, *"If a staff member engages in sexual abuse or sexual harassment, he / she will be subject to disciplinary action, up to and including termination."* In addition, Policy AS-904 "Corrective Action and Notifications" (page 2) states *"If the preponderance of evidence in an administrative investigation indicates that a staff member sexually abused or sexually harassed a juvenile, the staff member will be subject to disciplinary action."*

Interviews with the Interim Chief Juvenile Probation Officer, PCM, and Administrative Services Senior Director (human resources) verified that the agency acts in accordance with its policies and federal DOJ regulations.

Provision (b)

To date, the Gardner-Betts facility has not had any staff member alleged to have sexually abused or sexually harassed youth in the program. Interviews with agency and facility leaders confirmed that any staff member substantiated for sexual abuse would be immediately terminated (and would have been on administrative leave during the investigation process). In the event the determination of an investigation for staff-to-youth sexual harassment was substantiated, agency and facility leaders reported that the agency would prohibit the staff member from working directly with any youth and would likely terminate their employment with Travis County Probation Department. This practice is supported by agency Policy AS-904 "Corrective Action and Notifications" (page 3) which states, *"Disciplinary sanctions for staff members are outlined in policy AS-214: Disciplinary Procedures. a. The presumptive disciplinary sanction for staff found to have engaged in sexual abuse is termination."*

Provision (c)

Interviews confirmed compliance that disciplinary sanctions for incidents of sexual abuse and sexual harassment are *"commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offense by other staff with similar histories,"* as set forth in PREA standards. Agency Policy AS-904 "Corrective Action and Notifications" (page 3) includes this specific language: *"Disciplinary sanctions will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable misconduct."*

Provision (d)

Travis County Policy AS-904 "Corrective Action and Notifications" provides some evidence that when/if a staff member is substantiated on an allegation of sexual abuse and/or sexual harassment, the relevant licensing bodies will be notified of this outcome. More specifically, this policy (page 3 and 5) states, *"The Chief or designee will notify a staff member's relevant licensing or certification entity of the terminations of employment for violations of agency sexual abuse or sexual harassment policies and resignations by staff members who would have been terminated if they had not resigned. The notifications or due diligence efforts to notify will be documented and maintained in the investigation file."* Interviews with PREA Investigators verified this is the notification process if a staff member is substantiated for sexual abuse and/or sexual harassment. Interviewees reported that the General Counsel along with the Investigator,

Director of Detention Services, and PCM would determine who is responsible for making the notification to relevant licensing bodies.

Standard 115.377: Corrective action for contractors and volunteers

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS 1001 “Citizen, Volunteer, and Intern Services”
- Policy AS-904 “Corrective Action and Notifications”
- Policy AS-901 “Reporting of Child Abuse Neglect and Exploitation”
- Travis County Probation Department Volunteer/Intern Handbook 2020
- Interview with Interim Chief Juvenile Probation Officer
- Interview with Director of Detention Services
- Interview with Administrative Services Senior Director (human resources)

Provision (a) and (b)

All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. There are several agency policies that support provisions in this standard. Agency Policy AS-1001 “Citizen, Volunteer, and Intern Services (page 5) requires volunteers and interns to “*Inform the Volunteer Coordinator of any law violation charges within 48 hours.*” In addition, this same policy

(page 7) states, “Any volunteer or intern that fails to maintain the appropriate qualifications or criminal history as outlined in B (1) and (2) of this policy will be subject to termination or suspension of the person’s services.” The policy (pages 7-8) also clearly states, “Any volunteer or intern that engages in any form of abuse, neglect or exploitation, to include sexual abuse or sexual harassment, will be prohibited from having contact with juveniles. a. The conduct will be reported to the appropriate authorities per AS-901: Reporting of Child Abuse, Neglect, and Exploitation. b. Any ethical violations will be reported to the relevant licensing or certification agency as outlined in AS-209: Code of Ethics / Staff - Juvenile Relationships. 4. Any identification card will be returned to the Department upon termination or suspension of a person’s services.”

Similarly, agency Policy AS-1001 “Citizen, Volunteer, and Intern Services (pages 7-8) clearly states, “Any volunteer or intern that engages in any form of abuse, neglect or exploitation, to include sexual abuse or sexual harassment, will be prohibited from having contact with juveniles. a. The conduct will be reported to the appropriate authorities per AS-901: Reporting of Child Abuse, Neglect, and Exploitation. b. Any ethical violations will be reported to the relevant licensing or certification agency as outlined in AS-209: Code of Ethics / Staff - Juvenile Relationships. 4. Any identification card will be returned to the Department upon termination or suspension of a person’s services.”

In further support of provisions in this standard, Travis County Probation Department Volunteer/Intern Handbook 2020 states (page 26) “...volunteers and interns agree to abide by these rules and will be held to the same level of accountability as employees.” As described throughout this report, Travis County Probation Department has language in several of its policies verifying that in the event an allegation of sexual abuse is made against a staff member or volunteer/contractor/intern, the individual would immediately be placed on paid administrative leave until the conclusion of the investigation.

To date, there have been no volunteers, interns, or contractors working at the Gardner-Betts facility who have violated these policies. However, interviews with agency and facility leaders confirm violations of agency policy would automatically result in prohibiting these individuals from working with program youth.

Standard 115.378: Interventions and disciplinary sanctions for residents

115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? ☒ Yes ☐ No

115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy 901 “Reporting of Child Abuse Neglect and Exploitation”
- Policy AS-902 “Preventing and Detecting Sexual Abuse and Harassment”
- Policy AS-904 “Corrective Action and Notifications
- Policy AS-905 Services for “Victims of Sexual Abuse”
- Policy 10 DS-1 Disciplinary Hearings
- Policy “10-DS-2 Facility Discipline Plan”
- Policy 10-DS-8 “Room Isolation/Confinement”
- Travis County Juvenile Probation Department “Detention Services Rules/Expectations” (read to youth at intake)
- Interview with Director of Detention Services
- Interview with facility Clinician
- Interviews with Shift Supervisors
- Interviews with JDOs (direct care staff)
- PREA Investigators
- Youth interviews

Provision (a)

The Gardner-Betts facility prohibits all contact between residents. This information is provided in the Travis County Juvenile Probation Department “Detention Services Rules/Expectations” which is read to youth at intake. Specifically, this document states, “*sexual activity with other residents, staff, and visitors is strictly prohibited.*” Expectations put forth in this PREA provision is supported in several agency policies. Agency Policy AS-904 “Corrective Action and Notifications” (page 3) states, “*Juveniles that engage in juvenile-on-juvenile sexual abuse or harassment will be subject to the program or facility’s discipline plan. 1. While youth sexual conduct is prohibited, sexual activity between juveniles will only be deemed sexual abuse if it is coerced.*” All youth interviewed understood physical contact with other residents and staff is prohibited.

Provision (b)

In addition, the facility Policy “10-DS-2 Facility Discipline Plan” describes a system of discipline to appropriately address youth behaviors for rule violations while in detention. The policy clearly defines sexual misconduct and sets forth sanctions that are prohibited and lists specific youth rights (i.e., receiving mail; youth access to their attorney through phone calls, personal visits, or uncensored mail; large muscle exercise; access to education and treatment programming; access to the grievance system; etc.). This same policy includes detailed descriptions of consequences for major rule violations including building or unit restriction; Alternative Intervention Program (AIP); Personal Responsibility Program (PRP); and criminal charges as appropriate (Class B misdemeanor offense or more severe).

Similarly, agency Policy AS-904 “Corrective Action and Notifications” states, *“If disciplinary sanction results in the isolation of a resident, the resident will not be denied daily large-muscle exercise or access to any legally required educational programming or special education services. a. Residents in isolation will receive daily visits from a medical or mental health care clinician. b. Residents will also have access to other programs and work opportunities to the extent possible.”* Facility Policy 10-DS-8 “Room Isolation/Confinement” (page 2) states, *“Juveniles on room isolation /confinement will be allowed access to any legally required educational programming or special education services and other programs to the extent possible. f. Juveniles in room isolation / confinement will receive daily visits from a medical or mental health care staff....When a juvenile is in his or her room for more than eight (8) hours, the on-duty Supervisor will arrange for the juvenile to participate in physical activity”* and that *“Juveniles on room isolation / confinement will be allowed access to any legally required educational programming or special education services and other programs to the extent possible”*

Staff and youth interviews verified there is a system of progressive discipline used by the facility that is fair and sanctions are commensurate with the severity of the infraction.

Provision (c)

The agency Policy AS-905 Services for “Victims of Sexual Abuse” supports provision (c) of this standard. More specifically, the policy states, *“Any discipline for engaging in sexual abuse while in custody will be in accordance with the facility’s discipline plan. a. Disciplinary processes will consider whether a juvenile’s intellectual disabilities or mental illness contributed to the behavior when determining the sanction.”* Similarly, agency Policy AS-904 “Corrective Action and Notifications” states, *“Juveniles that engage in juvenile-on-juvenile sexual abuse or harassment will be subject to the program or facility’s discipline plan.... The juvenile’s medical and mental health records will be reviewed to determine if a mental illness or intellectual disability contributed to the behavior... The disciplinary sanctions will be commensurate with the circumstances of the abuse, the disciplinary history of the juvenile(s) involved and sanctions imposed for comparable behavior by other juveniles with similar histories.”*

Interviews with the Director of Detention Services and the facility Clinician verified that a resident’s mental health or mental disabilities are taken into account when determining sanctions.

Provision (d)

An interview with the facility Clinician and the Director of Detention Services verified that youth would be provided counseling services if substantiated for sexual assault or abuse. In addition, and in support of this provision, the agency Policy AS-904 “Corrective Action and Notifications” states, *“The program or facility may require the juvenile to participate in therapy, counseling or other interventions designed to address the issues that may have contributed to the behavior.”* Similarly, agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 4) states, *“Known juvenile abusers will be offered appropriate treatment as determined by the Chief Juvenile Probation Officer / designee and a mental health professional.”*

Provision (e)

Agency Policy AS-904 “Corrective Action and Notifications” states *“4. A juvenile may only be disciplined for sexual contact with staff upon a finding that the staff member did not consent to the contact.”* Similarly, facility Policy 10-DS-2 (page 10) states, *“A juvenile alleged to have committed a law violation that constitutes a Class B misdemeanor offense or higher will be referred to local law enforcement for investigation and possible prosecution.”* Staff interviewed confirmed this practice.

Provision (f)

Agency Policy AS-904 “Corrective Action and Notifications” states, *“For the purpose of disciplinary action, a report of sexual abuse or sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to support that the allegation was founded.”* Staff interviews verified youth are not punished for making reports in good faith. Youth also confirmed that they would not be punished for making a report.

Provision (g)

Agency Policy AS-902 “Preventing and Detecting Sexual Abuse and harassment” (Page 4) states, *“The staff will foster a professional environment to: a. protect the rights of the residents by treating them fairly and with dignity and respect; b. ensure the residents are not subject to actions that could be considered demeaning and humiliating; c. ensure transgender or intersex residents are not subjected to stigmatizing procedures; d. ensure the elimination of horseplay, profanity, sexually oriented jokes, flirting, and sexualized conversation or behavior; and e. prohibit youth sexual conduct; f. prohibit harassment, bullying or disparaging language regarding gender, gender expression, gender identity or sexual orientation”* Similarly, agency Policy AS-904 “Corrective Action and Notifications” states, *“Juvenile-on-juvenile sexual conduct is prohibited. Juveniles that engage in juvenile-on-juvenile sexual abuse or harassment will be subject to the program or facility’s discipline plan. 115.378(a) 1. While youth sexual conduct is prohibited, sexual activity between juveniles will only be deemed sexual abuse if it is coerced.”*

Within the 24-month period prior to the onsite review there were no allegations of sexual abuse in the Gardner-Betts facility.

Agency policies, staff interviews, youth interviews, and other documents provide sufficient evidence to determine the Gardner-Betts facility is in compliance with the provisions put forth in this PREA standard.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-905 Services for Victims of Sexual Abuse
- Policy 8-DS-5 Access to Mental Health Care
- Review of random sample of youth files indicating youth who disclosed sexual victimization and/or perpetration were referred for follow-up meeting with a medical and/or mental health practitioner within 14 days
- Sample of completed Vulnerability Risk Instruments
- Interview with facility Nurses who conduct vulnerability risk assessments
- Interview with facility Clinician
- Interview with Director of Detention Services
- Interviews with JDOs (direct care staff)

Provision (a)

Agency AS-905 Services for Victims of Sexual Abuse (page 1-2) states, *“During the facilities’ intake process and before being placed on a housing unit, all juveniles will be screened for prior sexual victimization or sexual abusiveness. 1. If a juvenile discloses prior victimization, the staff conducting the intake will offer follow-up services as soon as possible, but no later than 14 days after the screening, regardless of whether the incident happened in a facility or in the community. Services include, but are not limited to: a) Referrals to medical providers, to include an individual that is appropriately trained and qualified to perform a forensic examination; b) Access to a licensed mental health professional; c. Access to a sexual abuse advocacy center and victim advocates; and d. Treatment plans, follow-up services and referrals for continued care following transfers to other facilities or release from custody.”* In addition, facility Policy 8-DS-5 Access to Mental Health Care states, *“C. Juveniles will be screened for mental health issues prior to admission into facilities...3. The nursing staff and / or the intake staff will make referrals for additional nonemergency assessments and / or follow-up services based on the available information.”*

All youth who are processed at the Gardner-Betts facility are assessed by a Registered Nurse for vulnerability risk during the intake process. At this time, youth are told that they can request an appointment with the facility Clinician if they wish. This PREA provision requires a referral to a medical or mental health professional when the vulnerability risk screening highlights youth with a history of sexual victimization. While the facility has a policy in place for making referrals, there is not a formal system for referring youth to a mental health clinician for youth who disclosed a history of sexual victimization. Therefore, many youth do not engage with a clinician while at the Gardner-Betts facility. An interview with nurses and the facility Clinician confirmed there is no formal referral process in place.

A review of completed vulnerability risk tools (N=25; current and discharged youth) indicated that many youth had a history of sexual victimization. No formal referral for a follow-up with youth was documented in these cases. The facility is required to create a formal system of referring these youth as required by this PREA provision during the corrective action period.

Provision (b)

Agency AS-905 Services for Victims of Sexual Abuse (page 2) states, *“If a juvenile discloses he or she perpetrated sexual abuse, the staff conducting the intake will offer follow-up services as soon as possible, but no later than 14 days after the screening, regardless of whether the incident happened in a facility or in the community.”* “

As previously mentioned, all youth who are accepted for residential treatment services to the Gardner-Betts facility are assessed by a Registered Nurse for vulnerability risk during the intake process. At this time, youth are told that they can request an appointment with the facility Clinician if they wish. This PREA provision requires a referral to a medical or mental health professional when the vulnerability risk screening highlights youth with a history of sexual perpetration. While the facility has a policy in place for making referrals, there is not a formal system for referring youth to a mental health clinician for youth who disclosed a history of sexual perpetration. Therefore, many youth do not engage with a clinician while at the Gardner-Betts facility. Interviews with facility Nurses and the facility Clinician confirmed there is no formal referral process in place to meet these PREA expectations.

In addition, a review of completed vulnerability risk tools (N=25; current and discharged youth) indicated that many youth had a history of sexual perpetration. No formal referral for a follow-up with youth was documented in these cases. The facility is required to create a formal system of referring these youth as required by this PREA provision.

Provision (c)

Agency Policy AS-905 “Services for Victims of Sexual Abuse” (page2) provides some evidence for compliance with provisions (c) by stating, *“The disclosure of prior sexual victimization or abusiveness will only be disseminated to staff members directly responsible for security or management decisions, preparing treatment plans and / or providing medical, mental health or crisis intervention services.”* In further support of this standard provision, the facility has a practice of only providing the last page of the vulnerability risk tool to JDOs who make the bed placement decisions at intake. The final page of the assessment includes check boxes indicating youth medical restrictions and key behaviors (i.e., Aggressive/Assaultive; Sexually Inappropriate; etc.) but does not provide more detailed information regarding a youth’s history of sexual victimization or perpetration. Interviews with JDOs and nurses reported that detailed information is restricted to nurses (JDOs do not see detailed historical information).

Staff interviews and review of vulnerability risk tool information support that client information is protected and staff adhere to privacy information policies and expectations. The facility is in compliance with this PREA provision.

Provision (d)

Agency AS-905 “Services for Victims of Sexual Abuse” (page 2) supports provision (d) by stating, *“Staff will obtain informed consent from individuals over the age of 18 before reporting information about prior sexual victimization that did not occur in an institutional setting.”* The Gardner-Betts facility does not house youth who are 18 years old and therefore this provision is N/A.

Corrective Actions

381 (a) and (b)

The program is required to create a formal system for ensuring that residents who disclose prior sexual victimization OR prior sexual perpetration are offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. The program may consider revising the vulnerability tool form to include questions such as: Did youth disclose prior victimization or perpetration? Was youth offered a referral to speak with a counselor? If yes, did youth choose to see a counselor? Actions taken by nurse or staff member (i.e., how was this referral made? By email) and date the referral was made.

Additional Evidence Reviewed During CAP

- Standard Operating Procedures (Subject: Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards)
- Travis County Probation Department Detention Housing Screening (revised)
- Training records verifying all required staff were formally trained on the new SOP and revised housing screening form

During the corrective action period, the Travis County Juvenile Probation Department created Standard Operating Procedures (SOP) for addressing the “Process for collection and dissemination of juvenile information collected on the Housing Screener as it pertains to PREA standards.” This document was submitted to the auditor for review. The SOP provides clear guidance on the purpose of the SOP, requirements, definitions, and procedures. More specifically, the SOP directs medical staff to: *“Administer the Housing Screener to all juveniles that are to be detained in Detention Services”* and clearly states, *“...a) If a juvenile responds “yes” to question 7, they must be offered a follow up meeting with a counselor and their response is to be documented directly below the question. If a referral is requested by the juvenile, the recipient of the referral and method of communication must be noted on the Housing Screener. b) If a juvenile responds “yes” to question 17, they must be offered a follow up meeting with a counselor and their response is to be documented directly below the question. If a referral is requested by the juvenile, the recipient of the referral and method of communication must be noted on the Housing Screener.”* For purposes of clarity, the housing screening form question 7 addresses risk of victimization and question 17 addresses risk of sexually aggressive behavior.

To better ensure appropriate referrals are made and documented, during the corrective action period Travis County revised the Travis County Probation Department Detention Housing Screening form. The form now clearly states beneath question 7 (“Have you ever had a sexual experience that you did not want to have?”): *“*If answered yes or UNK, an offer for a follow up meeting with counselor must be offered.”* The person administering the assessment is also required to document their response to an additional question, “Who was referral made to and how?” and indicate the method by checking one of three boxes (i.e., email, phone, or in person). These additional questions were also added to question 17 which asks, *“Have you ever engaged in behavior that may be considered sexually aggressive?”*

As previously described, all medical staff responsible for conducting the vulnerability assessment at intake were trained on revised form and procedures. Training records were submitted to the auditor for review. The auditor concludes the facility is now in compliance with PREA standard 115.381.

Standard 115.382: Access to emergency medical and mental health services

115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination

- Policy AS-905 Services for Victims of Sexual Abuse
- Policy 8-DS-5 Access to Mental Health Care
- Review of Power Point slides used in the “Role of the First Responder” training

- MOU with Safe Alliance (executed July 2018)
- Travis County Probation Juvenile Handbook
- Interviews with JDOs (direct care staff)
- Interviews with Shift Supervisors
- Interviews with the facility Clinician
- Interview with facility Nurses
- Facility tour observations

Provision (a)

As previously mentioned, the Gardner-Betts facility provides residents with access to outside victim advocates. Contact information (i.e., telephone number and mailing address) for Safe Alliance is provided in the Travis County Juvenile Probation Department Detention Services Juvenile Handbook. The program is encouraged to add this information to the intake process – i.e., “Abuse Education for the Orientation Process” document that is also reviewed with youth at intake. Safe Alliance posters were observed by the auditor during the facility tour.

In support of this PREA provision the agency’s Policy AS-905 “Services for Victims of Sexual Abuse” requires youth have access to outside support services and legal representation. More specifically, the policy (page 1) states, *“All victims of sexual abuse will be afforded timely, unimpeded access to medical and mental health services and confidential victim advocacy services, to include emergency medical treatment, crisis intervention services and referrals for continued care.”* The policy also directs medical staff to make *“determinations as to what testing and treatment services are medically necessary and appropriate will be made by a medical professional in accordance with their professional judgement.”*

The agency Policy AS-905 “Services for Victims of Sexual Abuse” also states, *“Mental Health Services and Crisis Intervention Counseling will be made available to juvenile victims of sexual abuse. 1. Upon the conclusion of an administrative investigation or at the discretion of the Chief Juvenile Probation Officer or designee, a staff psychologist or other mental health professional will assess the victim of sexual abuse within 48 hours. 2. The mental health professional will make the determination of appropriate counseling referrals, to include crisis intervention services, follow-up services, treatment plans and referrals for continued care.”*

In addition, facility Policy 8-DS-5 “Access to Mental Health Care” (page 4) states, *“Staff who believe that juveniles are actively experiencing a mental health crisis will contact the Department nursing staff. 115.382 (a)-1 1. The nursing staff will: a. Assess the juvenile and determine the extent of the crisis; 115.382 (a)-2 b. Contact the attending psychiatrist as appropriate to determine the next course of action...”*

The Travis County Probation Juvenile Handbook provides contact information for Safe Alliance (mailing address and telephone number). Staff interviews verified victims of sexual abuse would be offered to be transported to the hospital for a SANE exam. In addition, if an allegation of sexual abuse was made, the facility Clinician would be contacted. The youth would also be asked if they wanted to contact Safe Alliance. Therefore, abuse victims have access to timely, unimpeded access to emergency medical treatment and crisis intervention services while at the Gardner-Betts facility.

Provision (b)

As previously stated, the agency and facility have policies to ensure youth are provided with emergency medical and mental health services. Staff interviews confirmed that if a youth alleges sexual abuse the Nurse and Clinician would be contacted immediately.

Provision (c)

Agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 3) clearly states, *“Victims are entitled to receive testing for sexually transmitted infections (STIs) and any subsequent treatment. d. Pregnancy tests will be offered to victims of sexually abusive vaginal penetration. If pregnancy results, the victim will be provided timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.”* While onsite, facility nurses consistently reported that youth would be taken to the hospital in the event of a sexual abuse allegation. Interviews verified medical staff at Gardner-Betts do not offer STI testing and emergency contraception if a youth refuses to go to the hospital. The program is required to create a process for ensuring youth are offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis in the event a youth refuses to go to the hospital for a SANE exam.

Since the facility has not had allegations of sexual abuse, the auditor was unable to determine whether the practice of offering STI testing and emergency contraception by the facility (in the event a youth refuses to go to the hospital for a SANE exam) has been fully institutionalized. However, since the local hospital does have certified SANEs, offering these additional services is likely part of the routine SANE process.

Provision (d)

Agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 2) supports provision (d) of this standard by specifically stating, *“If the abuse occurred in a facility or juvenile justice program, the cost of the treatment services will not be assessed to the victim or his or her family and will be provided whether or not the victim names the abuser and / or cooperates with any administrative or criminal investigation.”* Staff interviews confirmed that SANE exams would be provided at no cost to the victim or whether the victim names the abuser.

Corrective Actions

382 (c)

- The program is required to create a process for ensuring youth are offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis in the event a youth refuses to go to the hospital for a SANE exam. Who will offer these services? Who will provide them? Who will coordinate these services (i.e., arranging for a medical doctor to prescribe if necessary)? Where will it be documented that youth were asked if they wanted these services and whether youth accepted or denied?

- The agency should update agency and facility policies to support expectations set forth in this provision.
- All medical staff must be formally trained on this new practice. The program is required to submit a description of the information discussed (i.e., staff meeting minutes) and a training roster as evidence this training has been completed.

Additional Evidence Reviewed During CA

- Standard Operating Procedures (SOP) to address PREA Standard § 115.382 and § 115.383
- Policy AS-905 “Services for Victims of Sexual Abuse” (revised)
- Training records verifying all nurses have been trained on the new SOP and policy revisions
- Interviews with the Medical Directors and two nurses verifying they understand the new practice (conducted as part of the Travis County ISC audit in December 2021)

During the Corrective Action Period to better ensure all nurses understand they are required to provide youth of sexual abuse (penetration) STI testing and emergency contraception even if youth refuses to go to the hospital for a SANE exam, the Travis County Probation Department created a new Standard Operating Procedure (SOP) and revised existing agency policy. More specifically, the new SOP clearly directs health care staff to contact SAFE Austin 512-267-SAFE (7233) when there has been a victim of sexually abusive vaginal penetration. In addition, this policy states, *“Victims of sexual abuse will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate...Victims will still be entitled to receive timely access to emergency contraception and sexually transmitted infections prophylaxis regardless even if they deny a SANE or SAFE.”*

To further support provisions in this standard, the agency revised Policy AS-905 “Services for Victims of Sexual Abuse” following the onsite audit. The policy (page 3) now clearly directs, *“Victims of sexual abuse shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Victims will be entitled to these services even if they deny a SANE or SAFE.”* To verify that Gardner-Betts these changes have been implemented, the program submitted training records indicating nurses have been formally trained on the new SOP and policy revisions. In addition, the auditor had an opportunity to speak with the Medical Director and two nurses who work at both the Travis County Gardner-Betts and Intermediate Sanctions Center (ISC) programs in December 2021. The auditor confirmed that medical staff are aware of the new practice. All evidence reviewed verified the Gardner-Betts program is now in compliance with this PREA standard.

In addition, during the corrective action period all medical staff were trained on topics to address standards 115.342, 115.382, and 115.383. The training description was as follows: *“Training on the revised Housing Screener and the process of how it will be disseminated to detention staff...how the information on the housing screener [will] be used in placement decisions of residents. Health Care staff specific procedures for when a resident is a victim of sexually abusive vaginal penetration. Process for ensuring youth are offered timely information and access to emergency contraception, sexually transmitted infections prophylaxis information regarding pregnancy and pregnancy testing.”* Training records were submitted to the auditor for review. The auditor concludes the facility is now in compliance with PREA standard 115.382.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

115.383 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.383 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidenced Used in Compliance Determination:

- AS-905 “Services for Victims of Sexual Abuse”
- Travis County Probation Juvenile Handbook
- Interviews with JDOs (direct care staff)
- Interviews with Shift Supervisors
- Interviews with the facility Clinician
- Interview with facility Nurses

Provision (a)

Agency Policy AS-905 “Services for Victims of Sexual Abuse” states (page 1) states, “*All victims of sexual abuse will be afforded timely, unimpeded access to medical and mental health services and confidential victim advocacy services, to include emergency medical treatment, crisis intervention services and referrals for continued care.*” The policy explains the treatment services (both medical and mental health services) are provided to victims who disclose sexual abuse (at a previous placement, at home, or that which occurred at the Gardner-Betts facility). Interviews with a sample of nurses as well as the mental health clinician confirmed that if a youth alleged sexual abuse, medical and mental health clinicians would evaluate the youth as soon as possible.

Provision (b)

Facility Policy 4-DS-11 “First Responder Duties” (page 8) states, “*Treatment and counseling staff will ensure the victim’s mental health needs are addressed. a. The counselor will follow up with victim to see if any crisis intervention counseling services are needed. b. The counselor will assist the victim in accessing outside advocates as requested.*” In addition, agency Policy AS-905 “Services for Victims of Sexual Abuse” supports expectations outlined in provision (b)...and clearly directs that youth who disclose sexual abuse will be offered follow-up services including, “*Treatment plans, follow-up services and referrals for continued care following transfers to other facilities or release from custody.*”

Interviews with the Clinician and other program staff verified the program would evaluate and treat the victims based on their individual needs and consistent with the community level of care.

Provision (c)

Agency and facility policies support this PREA provision. Specifically, agency Policy AS-905 (page 2) states *“All medical and mental health services and treatments will be consistent with the community level of care.”* Interviews with the Clinician and other program staff verified the program would evaluate and treat the victims based on their individual needs and consistent with the community level of care.

Provision (d) and (e)

As previously stated, the agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 3) clearly states, *“Victims are entitled to receive testing for sexually transmitted infections (STIs) and any subsequent treatment. d. Pregnancy tests will be offered to victims of sexually abusive vaginal penetration. If pregnancy results, the victim will be provided timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.”*

While onsite, facility nurses consistently reported that youth would be taken to the hospital in the event of a sexual abuse allegation. Interviews verified medical staff at Gardner-Betts does offer pregnancy testing and emergency contraception through the SANE exam at the local hospital. However, if a youth refuses to go to the hospital, interviews verified that youth may not be offered these services. Therefore, the program is required to create a process for ensuring youth are offered these services in the event a youth refuses to go to the hospital for a SANE exam.

Since the facility has not had allegations of sexual abuse, the auditor was unable to determine whether the practice of offering STI testing and emergency contraception by the facility (in the event a youth refuses to go to the hospital for a SANE exam) has been fully institutionalized. However, since the local hospital does have certified SANEs, offering these additional services is likely part of the routine SANE process.

Provision (f)

As previously stated, the agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 3) clearly states, *“Victims are entitled to receive testing for sexually transmitted infections (STIs) and any subsequent treatment.”* As mentioned, interviews verified medical staff at Gardner-Betts does offer STI testing through the SANE exam at the local hospital. However, if a youth refuses to go to the hospital the facility would not offer these services. The program is required to create a process for ensuring youth are offered these services in the event a youth refuses to go to the hospital for a SANE exam.

Since the facility has not had allegations of sexual abuse, the auditor was unable to determine whether the practice of offering STI testing and emergency contraception by the facility (in the event a youth refuses to go to the hospital for a SANE exam) has been fully institutionalized. However, since the local hospital does have certified SANEs, offering these additional services is likely part of the routine SANE process.

Provision (g)

Agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 2) supports provision (g) of this standard by specifically stating, *“If the abuse occurred in a facility or juvenile justice program, the cost of the treatment services will not be assessed to the victim or his or her family and will be provided whether*

or not the victim names the abuser and / or cooperates with any administrative or criminal investigation.” Staff interviews confirmed that these treatment services would be provided at no cost to the victim.

The DOJ PREA standards *require “a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.”* Interviews with mental health staff indicate there is a need to establish a clear practice to support this expectation as staff were not aware of this requirement.

Provision (h)

Agency Policy AS-905 “Services for Victims of Sexual Abuse” (page 4) supports provision (h) of this standard by stating, *“Known juvenile abusers engaging in youth-on-youth sexual abuse will be referred to treatment, counseling, educational programs or other interventions. 1. The Department will attempt to conduct a mental health evaluation of all known juvenile abusers within 60 days of learning of the abuse history. Known juvenile abusers will be offered appropriate treatment as determined by the Chief Juvenile Probation Officer / designee and a mental health professional.”* Since the Gardner-Betts facility is a short-term facility with a length of stay of approximately 18 days most youth would not be in the facility for 60 days. That said, interviews with facility manager and the Clinician verified known abusers would be evaluated by the contracted Psychiatrist and/or the Clinician soon after the incident occurred (likely within a week of the report).

Corrective Actions

383 (d), (e), (f), and (g)

- The program is required to create a process for ensuring victims of sexually abusive vaginal penetration are offered timely information regarding pregnancy as well as offered pregnancy testing (provision d) in the event the victim refuses to go to hospital for a SANE exam. In addition, the program must also establish clear process for ensuring all residents who are victims of sexual abuse/assault are provided are timely access to emergency contraception and sexually transmitted infections prophylaxis (provisions d and e).
- Create a process for ensuring that in the event of a youth-on-youth sexual abuse/assault, resident perpetrators are provided a mental health evaluation and opportunity for treatment within 60 days of learning of the abuse.
- The agency should update agency and facility policies to support expectations set forth in these provisions.
- All medical staff must be formally trained on this new practice. The program is required to submit a description of the information discussed (i.e., staff meeting minutes) and a training roster as evidence this training has been completed.

Additional Evidence Reviewed During CAP

- Standard Operating Procedures (SOP) to address PREA Standard § 115.382 and § 115.383
- Policy AS-905 “Services for Victims of Sexual Abuse” (revised)
- Travis County Internal Investigation Checklist (revised)
- Training records verifying all nurses have been trained on the new SOP and policy revisions

- Interviews with the Medical Director and two nurses verifying they understand the new practice
- Email sent to investigators on 1/25/2022

As previously described in standard 115.382, during the corrective action period to better ensure all nurses understand they are required to provide youth of sexual abuse (penetration) STI testing and emergency contraception even if youth refuses to go to the hospital for a SANE exam, the Travis County Probation Department created a new Standard Operating Procedure (SOP) and revised agency policy AS 905 “Services for Victims of Sexual Abuse.” The auditor reviewed these documents along with training records to verify all nurses have been trained on the new practice/protocol. In addition, the auditor had an opportunity to speak with the Medical Director and two nurses who work at both the Travis County Gardner-Betts and Intermediate Sanctions Center (ISC) programs in December 2021. The auditor confirmed that medical staff are aware of the new practice.

To better ensure that in the event of a youth-on-youth sexual abuse/assault resident perpetrators are provided a mental health evaluation and treatment within 60 days of learning of the abuse, the agency adopted a new practice following the onsite review. On January 25, 2022, an official email was sent by the PCM to key Gardner-Betts personnel impacted by this standard to remind them of the 60 day mental health referral expectation. In addition, to better ensure victims and perpetrators receive the required evaluation, the agency revised the Travis County Internal Investigation Checklist. The revised checklist states, “*For founded allegations of sexual abuse, the abuser must be offered a mental health evaluation within 60 days*” and requires the lead investigator to document to whom the referral was made and on what date.

As previously described, all medical staff were trained on the policy/procedures revisions during the Corrective Action Period. Training records were submitted to the auditor for review. The auditor concludes the facility is now in compliance with PREA standard 115.383.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-906 “Incident Reviews and Data Collection”
- Sample of an investigation report and supporting documents (March 2019)
- Incident Review Committee notes (conducted on June 6, 2019)
- Interview with Director of Detention Services
- Interview with PREA Investigators
- Interview with PCM
- Interview with Director of Accreditation and Compliance

Provisions (a and b)

Agency Policy AS-906 “Incident Reviews and Data Collection” (page 1) states, “*The Chief Juvenile Probation Officer (Chief) will ensure that a sexual abuse incident review is conducted at the conclusion of each sexual abuse investigation unless the allegation was determined to be unfounded. 1. The review will be conducted within 30 days of the conclusion of the investigation.*” Although the facility has not had any allegations of sexual abuse in the past 24 months, the auditor reviewed an example investigation report and supporting documents. The incident and investigation took place in March 2019. The sexual abuse incident committee was convened on June 6, 2019. Therefore, the facility is not in compliance with provision (b) which requires the committee to convene within 30 days. The facility is required to create a clear process for ensuring the requisite timeframes are met.

Provision (c)

Agency Policy AS-906 “Incident Reviews and Data Collection” (page 1) states, “*The Chief will designate individuals from several disciplines to serve on the Sexual Abuse Review Team. As appropriate, the team will be composed of facility administrators, supervisors, medical and / or mental health practitioners, line staff, investigators and the PREA Coordinator.*” Staff verified that if there was a sexual abuse investigation, a formal committee comprised of the PREA Investigator, Director of Detention Services, Case Work Manager, PCM, Agency PREA Coordinator, and other agency and facility managers would be convened to discuss the incident and develop a plan of action to prevent similar incidents in the future.

Provision (d)

Agency Policy AS-906 “Incident Reviews and Data Collection” (page 1-2) directs, “*The Sexual Abuse Review Team will review the circumstances of the sexual abuse allegation. The team will: a. consider whether the allegation or investigation findings indicates a need to modify facility policy, procedure and practice to better prevent, detect or respond to sexual abuse; b. consider whether staff actions or failures to act contributed to the abuse; examine the location of the incident to assess any physical barriers, modify the physical plant configuration; d. consider whether the incident or allegation was motivated by certain facility factors to include, but not limited to: 1. race; 2. ethnicity; 3. gender identity, gender non-conforming, transgender, or intersex identification, status, or perceived status; 4. lesbian, gay, or bisexual identification, status, or perceived status; 5. gang affiliation; or 6. group dynamics at the facility. assess the staffing and supervision levels in the housing / program area reviewed: 1. to determine compliance with the mandated staffing ratios during the time frame of the incident; 2. to determine if the deployment of additional staff during similar time frames would enhance supervision; 3. limit access to specific areas; 4. review the adequacies of the staffing plan; and f. assess whether cameras should be deployed or augmented to supplement staff supervision. 4. The Sexual Abuse Review Team will submit a written report to the Chief documenting their findings and recommendations.*”

Although the facility has not had any allegations of sexual abuse in the past 24 months, the auditor reviewed a copy of the completed sexual incident review document (dated June 6, 2019) to verify all elements required in this provision were discussed. The auditor applauds the facility for having a formal structure to document the key variables discussed as set forth by DOJ PREA standards. As part of this process a detailed action plan would be created to help prevent similar incidents in the future. In addition,

interviews with agency and facility managers verified that this committee would convene to discuss the components mentioned above if a sexual abuse investigation had been conducted.

Provision (e)

Agency Policy AS-906 “Incident Reviews and Data Collection” (page 2-3) states, *“The Sexual Abuse Review Team will submit a written report to the Chief documenting their findings and recommendations. a. The Chief will review the findings and assess the recommendations of the team. b. The Chief will determine if he or she will implement the recommendations for improvement. c. If the Chief determines that he or she will not implement the recommendations, the reasons for not doing so will be documented. As needed, the Chief or designee will brief the Juvenile Board on the findings and recommendations of the Sexual Abuse Review Team and the subsequent response to the findings.”*

Staff interviews verified that the sexual abuse committee is required to document what they learned from the incident and develop specific strategies to better prevent sexual abuse incidents in the future. Staff provided examples for improvement that surfaced from an incident review committee (non-PREA related incident). These included increasing supervision for specific youth, adding additional cameras, retraining staff on healthy boundaries, etc. In addition, the auditor reviewed the completed Sexual Abuse Incident Review document from 2019 further verifying compliance with this PREA provision.

Corrective Action

386 (b)

The facility is required to create a clear process for ensuring the Sexual Abuse Incident Committee convenes within 30 days of the conclusion of the investigation.

Additional Evidence Reviewed During CA

- Travis County Internal Investigation Checklist (revised)
- Memo sent to investigators on 1/25/2022

During the corrective action period, Travis County Gardner Betts facility updated the “TCJPD Internal Investigation Checklist” to include a section regarding the Sexual Abuse Incident Committee. The auditor reviewed the revised form which now includes a question that asks the investigator: *“PREA Incident Review Required? Yes/No”* and provides a reminder that the committee *“must be conducted within 30 days of investigation completion.”* The revised form also requires the investigator to document the date and time the Sexual Abuse Incident Review Committee met. To further demonstrate compliance, the facility also sent a formal memo (dated 1/25/2022) to inform all agency investigators that the TCJPD Internal Investigation Checklist had been revised and reminding the investigators of the 30-day timeframe. More specifically, the memo stated, *“This memorandum serves to remind investigators about PREAs requirement that a sexual abuse incident review must take place within 30 days of an investigation concluding. The only exclusion is when the investigation concludes with a finding of “unfounded”. The review should include upper-level management, line supervisors, and medical or mental health practitioners if necessary. The purpose of the review is to consider whether a need to change policy or practice is needed to better prevent, detect, or respond to sexual abuse. To better help investigators*

remember this requirement, a section has been added to the TCJPD Internal Investigation Checklist. The checklist is a requirement of every investigation at TCJPD.”

All information reviewed during the corrective action period allows the auditor to determine the program is now in compliance with this PREA standard.

Standard 115.387: Data collection

115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☐ Yes ☐ No ☒ NA

115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Determining Compliance:

- Policy AS-217 B “Conducting Administrative Investigations”
- Policy AS-906 “Incident Reviews and Data Collection”
- Travis County Juvenile Probation Department 2021 1st Quarter ANE Report
- Investigation Data Tracking Sheet (Excel document)
- Sample investigation report and supporting documents (from 2019)
- Travis County Juvenile Probation Annual Report
- Interviews with PREA Investigators
- Interview with PCM
- Interview with Agency PREA Coordinator

Provision (a)

Agency Policy AS-906 “Incident Reviews and Data Collection” states, *“The Department will collect accurate and uniform data on all Department allegations of sexual abuse and sexual harassment. The Chief or designee will collect and maintain the information using a standardized format and set of definitions.”* An interview with the facility PCM confirmed that he tracks all allegations of sexual abuse and sexual harassment on an Excel tracking sheet. The tracking sheet includes the date of the event, involved parties (i.e., victim, perpetrator, witnesses), investigation outcome, date of requisite notifications, etc. This information is provided to the Agency PREA Coordinator on a monthly basis. The auditor reviewed the Excel tracking sheet from 2019 since there have been no allegations of sexual abuse or harassment since then. Interviews with the PCM and the Agency PREA Coordinator confirmed this process is in place.

Provision (b)

Agency Policy AS-906 “Incident Reviews and Data Collection” requires, *“...the Department will review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The data will be published and stored securely...The review will include, but is not limited to.... Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. The annual report will include a comparison of the current year’s data and corrective actions with those from prior years and will provide an assessment of the Department’s progress in addressing sexual abuse.”*

In addition to the Excel investigation tracking sheet, the Department compiles and reviews sexual abuse data a minimum of quarterly. A formal report titled, “Travis County Juvenile Probation Department 2021 1st Quarter ANE Report” was reviewed by the auditor. This report includes the number and types of sexual abuse incidents (non-contact and contact) occurring in that quarter and the total for the year. This report is created on a quarterly basis and is presented to the Travis County Juvenile Board. Interviews with agency and facility leaders verified these data are reviewed a minimum of quarterly. These data are also aggregated each year and appear in the Department’s annual PREA progress report.

Provision (c)

The Facility PCM and Agency PREA Coordinator are aware of the PREA requirement to collect detailed data that can be used to populate the DOJ Survey of Sexual Victimization Juvenile Survey. In the event a sexual abuse allegation is made, Travis County Juvenile Probation staff are prepared to provide this information. In support of this future practice, agency Policy AS-217 B “Conducting Administrative Investigations” (page 5) directs, *“The investigator will complete the current version of the survey of sexual victimization incident form for juveniles at the conclusion of a sexual abuse and sexual harassment investigation and include the information in the file.”* Similarly, agency Policy AS-906 “Incident Reviews and Data Collection” (page 3) states, *“Incident-based data collected on allegations of sexual abuse and sexual harassment will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.”*

Provision (d)

The agency Policy AS-906 “Incident Reviews and Data Collection” (page 3) states, *“The Department will collect and maintain data as needed from all available incident-based documents, to include, but not limited to reports, investigation files, and sexual abuse incident reviews.”* Interviews with the PCM and PREA Investigators verified the necessary investigation documents and data are maintained. The auditor also reviewed a sample investigation file to confirm these files include the necessary information/data required by PREA standards.

Provision (e)

Contract language requires programs to submit the requisite data a minimum of annually.

Provision (f)

As previously stated, the PCM and Agency PREA Coordinator are aware of the requirement to submit data to DOJ upon request. The data tracking sheets and comprehensive investigation documents that are currently maintained will allow the facility to provide this information as needed. In support of this practice the agency Policy AS-906 “Incident Reviews and Data Collection” (page 3) directs, *“Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice.”*

Standard 115.388: Data review for corrective action

115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-906 "Incident Reviews and Data Collection"
- Travis County Juvenile Department Annual Report, Findings, and Action Plan (May 2021)
- Annual PREA report on website ([2021-annual-review.pdf](https://www.traviscountytx.gov/2021-annual-review.pdf) ([traviscountytx.gov](https://www.traviscountytx.gov)))
- Interview with Agency PREA Coordinator
- Interview with PREA Compliance Manager
- Interview with Director of Accreditation and Compliance
- Interview with Interim Chief Juvenile Probation Officer

Provision (a and b)

The Travis County Probation Department has an annual agency PREA report that highlights progress and compliance with federal PREA standards. The report is titled, “Annual Report, Findings, and Action Plan.” and is posted on the agency’s website (traviscountytx.gov). The webpage includes reports from 2015-2020. Each individual report includes comparison data for sexual abuse incidents from prior years. The auditor checked the website, and all report links are in working order.

The practice of gathering sexual abuse and sexual harassment data and developing an annual PREA progress report is supported by the agency’s Policy AS-906 “Incident Reviews and Data Collection.” More specifically, the policy (page 3) states, *“The Department will review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The data will be published and stored securely. 1. The review will include, but is not limited to: a. Identifying the problem areas; b. Taking corrective action on an ongoing basis; and c. Preparing an annual report of its findings and corrective actions for each facility, as well as the Department as a whole. 2. The annual report will include a comparison of the current year’s data and corrective actions with those from prior years and will provide an assessment of the Department’s progress in addressing sexual abuse.”*

Provision (c)

The auditor reviewed a sample of the “Annual Report, Findings, and Action Plan” reports posted on the agency’s website and confirmed each of the reports have been reviewed and approved by the Chief Juvenile Probation Officer (as per the signature). During interviews with the Interim Chief Juvenile Probation Officer, the auditor confirmed the Agency PREA Coordinator drafts the annual PREA progress report and that the Interim Chief Probation Officer is responsible for approving the report prior it being posted to the agency’s website. In further support of this practice, the agency Policy AS-906 “Incident Reviews and Data Collection (page 3) states, *“The Department report will be approved by the Chief and made readily available to the public through the Department’s website.”* The program is in compliance on this provision.

Provision (d)

The auditor reviewed the annual reports to ensure that sensitive or identifying information has been removed. The review confirmed the agency consistently ensures no information is provided that would cause a threat to safety and security of the facility. In support of this practice the agency Policy AS-906 “Incident Reviews and Data Collection (page 3) states, *“Personal identifiers will be removed before the aggregated sexual abuse data is made available.”* In addition, this same policy (page 4) directs, *“Additional material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material being redacted will be indicated.”*

Standard 115.389: Data storage, publication, and destruction

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
☒ Yes ☐ No

115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Evidence Used in Compliance Determination:

- Policy AS-906 “Incident Reviews and Data Collection”
- Travis County Juvenile Department Annual Report, Findings, and Action Plan (May 2021)
- Annual PREA report on website ([2021-annual-review.pdf \(traviscountytexas.gov\)](#))
- Interview with Interim Chief Juvenile Probation Officer
- Interview with Agency PREA Coordinator
- Interview with PCM
- Interviews with PREA Investigators
- Facility tour observations

Provision (a)

The Travis County Juvenile Probation Department has an agency policy to ensure data is collected and retained consistent with PREA expectations. More specifically, agency Policy AS-906 “Incident Reviews and Data Collection” (page 3) states, *“The Department will review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The data will be published and stored securely.”* This same policy (page 4) states, *“All data collected pertaining to sexual abuse will be securely retained. Any electronic copies of investigations will be maintained in a secure drive accessible to the Chief or designee.”* Interviews with the PCM, PREA Investigators, and the Agency PREA Coordinator confirmed investigation files are locked in a secure area, to which only the PREA Investigators and General Counsel have access.

Provision (b)

As previously stated, the agency annual report Travis County Juvenile Probation Office “2020 Annual Report, Findings and Action Plan” (dated May 2021) and previous reports from 2015 – 2019, provides detailed data for the facilities it operates. The report provides comparisons of the current year’s data and corrective actions from prior years for all facilities under their control (i.e., Travis County Probation Department Gardner-Betts facility and the Intermediate Sanctions Center (ISC)). The data includes sexual abuse and sexual harassment data broken out by outcome of the investigation and the types of alleged sexual misconduct (youth-to-youth or staff-to-youth). The report is signed and dated by both the Chief Probation Officer as well as the Agency PREA Coordinator and is posted on the agency website (traviscountytexas.gov). The auditor checked the links verifying the links to the 2020 report as well as previous reports are in working order.

In support of this practice, the agency Policy AS-906 “Incident Reviews and Data Collection” (page 3) upholds, *“Department will review the data collected to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training. The data will be published and stored securely.”*

Provision (c)

A review of a sample of “Annual Report, Findings and Action Plan” reports posted on the agency website verified the agency has a regular practice of ensuring no personal identifiers are provided in these public-facing documents. In support of this practice, the agency Policy AS-906 “Incident Reviews and Data Collection” (page 4) states, *“Personal identifiers will be removed before the aggregated sexual abuse data is made available. Additional material may be redacted from the reports when publication would present a clear and specific threat to the safety and security of a facility. The nature of the material being redacted will be indicated.”*

Provision (d)

Agency Policy AS-906 “Incident Reviews and Data Collection” (page 4) specifically states, *“All sexual abuse data collected will be retained for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.”* Interviews with PREA Investigators and agency

leaders verified these files and supporting documents are retained consistent with this PREA provision. The agency is in the process of moving towards an electronic record and storage system which will allow the agency to retain these documents in perpetuity. The facility and agency retain sexual abuse data consistent with PREA standards.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☐ Yes ☒ No ☐ NA

**Due to Covid the facility was unable to conduct the onsite audit in 2020*

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

This audit represents the third PREA audit for the Travis County Gardner-Betts Juvenile Justice Center Program. The first audit was conducted in July 2016 and a second audit was conducted in 2017. Due to the Covid-19 health pandemic, the Gardner-Betts facility was unable to complete the audit as scheduled in 2020. The auditor understands this to be an exception that has been granted in response to extraordinary times (i.e., global pandemic). Therefore, the auditor is finding Travis County in compliance with Standard 115.401 (a) and (b) which requires agencies to ensure one-third of its facilities undergo an audit during each audit cycle.

The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports and licensing reports, and conducting a facility tour. The process also included interviews with several staff, contractors, volunteers, and a representative from the community advocacy organization. To the best of her knowledge, the auditor adhered to the expectations outlined in the PREA Auditor Handbook (revised 2021) – i.e., sampling methods; not receiving additional financial compensation from Travis County Juvenile Probation Department; and other provisions.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The auditor has confirmed that the Gardner-Betts final PREA audit reports (2016 and 2017) have been posted to the agency's website: [Juvenile Court \(traviscountytexas.gov\)](http://juvenilecourt.traviscountytexas.gov).

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

The auditor is a federal PREA auditor certified by the Department of Justice. She has not received any additional financial compensation from the agency being audited. There are no other conflicts of interest, as defined by Standard 115.402 and 115.403, between the auditor and the Travis County Gardner-Betts Juvenile Justice Center or the Travis County Juvenile Probation Department.

All personally identifiable information about any resident or staff member have been removed, except administrative personnel.



Sharon Pette, Certified DOJ PREA Auditor

February 14, 2022

Auditor Signature

Date